
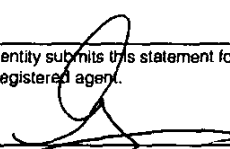
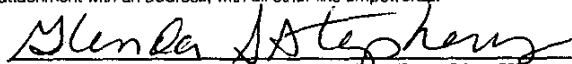


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90858 006 \*\*\*\*61.25

<b>DOCUMENT # N04340</b> 1. Entity Name THE HERITAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business REVERE LANE, HANCOCK LANE, FRANKLIN CIR. HERITAGE LANE HOLLY HILL, FL 32117 US				Mailing Address 507-C HERBERT ST PORT ORANGE, FL 32129 US	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address 400 S. Atlantic Ave Suite, Apt. #, etc. #105			
City & State  Zip                      Country		City & State Ormond Beach, FL Zip                      Country 32176                      Volusia		4. FEI Number 59-2580379 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04112007    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  REINER, R.L. 507-C HERBERT STREET PORT ORANGE, FL 32129			7. Name and Address of New Registered Agent Name: Greg Winquist Street Address (P.O. Box Number is Not Acceptable): 400 S. Atlantic Ave. Suite 105 City: Ormond Beach FL    Zip Code: 32176		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  4/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SALVADOR, MARGARET 1538 FRANKLIN CIR HOLLY HILL, FL 32117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Glenda Stephens 1555 Hancock Lane Holly Hill, FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENZEL, EILEEN 1501 HERITAGE LANE HOLLY HILL, FL 32117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Douglas Crouch 1556 Hancock Lane Holly Hill, FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GYAPJAS, ANTHONY 1522 FRANKLIN CIR HOLLY HILL, FL 32117	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Rob Balaz 1559 Hancock Lane Holly Hill, FL 32117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Dorice Fasone 1305 Bridgewood Ave. Daytona Beach, FL 32117	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Alan Javorsky 1532 Franklin Circle Holly Hill, FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4-20-07    356-615-2524 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					
Glenda S. Stephens					