

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04340

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

400 S ATLANTIC AVE
105
ORMOND BEACH, FL 32176 US

FILED
Jun 11, 2008 08:00 AM
Secretary of State



05052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2580379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINQUIST, GREG
400 S ATLANTIC AVE
STE 105
ORMOND BEACH, FL 32176

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000953017
06/11/08-80003-018 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, GLENDA 1585 HANCOCK LN HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROUCH, DOUGLAS 1556 HANCOCK LN HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALAZ, ROB 1559 HANCOCK LN HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FASONE, DORICE 1305 RIDGEWOOD AVE DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAVORSKY, ALAN 1532 FRANKLIN CIR HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Glenda Stephens - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-08 386852-3234