

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90008 016 ****61.25

DOCUMENT # N05000004532

1. Entity Name
HERITAGE CROSSING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**215 CELEBRATION PLACE
SUITE 200
CELEBRATION, FL 34747**

Mailing Address
**215 CELEBRATION PLACE
SUITE 200
CELEBRATION, FL 34747**

2. Principal Place of Business - No P.O. Box #

31 Lupi Court

Suite, Apt. #, etc.

Suite 230

3. Mailing Address

31 Lupi Court

Suite, Apt. #, etc.

Suite 230

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32137

Country

USA

Zip

32137

Country

USA

02292008

Chg-NP

CR2E037 (12/06)

4. FEI Number
13-4298393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GINN PROPERTY MANAGEMENT LLC
MELISSA SHANE
31 LUPI CT SUITE 150
PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME MILLER, KENT
STREET ADDRESS 995 OAKHAVEN DR
CITY-ST-ZIP ROSWELL, GA 30075

TITLE P ☒ Delete
NAME BARRETT, SEAN
STREET ADDRESS 8308 VINTAGE DR
CITY-ST-ZIP ORLANDO, FL 32835

TITLE ST ☐ Delete
NAME WALSH, JAMES
STREET ADDRESS 1719 CRESTVIEW DR
CITY-ST-ZIP NEW ULM, MN 56073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Change ☒ Addition
NAME A1 Tribby
STREET ADDRESS 1393 Country Club Dr.
CITY-ST-ZIP Youngstown, OH 44505

TITLE D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
NAME Kevin Lynch
STREET ADDRESS 1369 Landis Dr.
CITY-ST-ZIP North Wales, PA 19454

TITLE S ☐ Change ☒ Addition
NAME Ed Senour
STREET ADDRESS 3402 Pin Oak Lane
CITY-ST-ZIP Chalfont, PA 18914

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Kent W. Miller **KENT W. MILLER**

3/3/08

(770) 643-8455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #