2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N05000004532

Entity Name: HERITAGE CROSSING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

31 LUPI COURT
SUITE 230
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

31 LUPI COURT
SUITE 230
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 13-4298393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GINN PROPERTY MANAGEMENT LLC
MELISSA SHANE
31 LUPI CT SUITE 230
PALM COAST, FL 32137 US

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.

SIGNATURE: MELISSA SHANE 01/07/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLER, KENT
Address: 995 OAKHAVEN DR
City-St-Zip: ROSWELL, GA 30075

Title: VP ( ) Delete
Name: TRIBBY, AL
Address: 1393 COUNTRY CLUB DR
City-St-Zip: YOUNGSTOWN, OH 44505

Title: D ( ) Delete
Name: WALSH, JAMES
Address: 1719 CRESTVIEW DR
City-St-Zip: NEW ULM, MN 56073

Title: T ( ) Delete
Name: LYNCH, KEVIN
Address: 1369 LANDIS DR
City-St-Zip: NORTH WALES, PA 19454

Title: S ( ) Delete
Name: SENOUR, ED
Address: 3402 PIN OAK LANE
City-St-Zip: CHALFONT, PA 18914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA SHANE VP 01/07/2009
Electronic Signature of Signing Officer or Director Date