

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 13, 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:**1 HAMMOCK BEACH PKWY  
PALM COAST, FL 32137**Current Mailing Address:**31 LUPI COURT  
SUITE 230  
PALM COAST, FL 32137**New Mailing Address:**1 HAMMOCK BEACH PKWY  
PALM COAST, FL 32137**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 230  
PALM COAST, FL 32137 US**Name and Address of New Registered Agent:**GINN PROPERTY MANAGEMENT LLC  
MELISSA SHANE  
1 HAMMOCK BEACH PKWY  
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

04/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: MILLER, KENT  
Address: 995 OAKHAVEN DR  
City-St-Zip: ROSWELL, GA 30075Title: VP ( ) Delete  
Name: TRIBBY, AL  
Address: 1393 COUNTRY CLUB DR  
City-St-Zip: YOUNGSTOWN, OH 44505Title: D ( ) Delete  
Name: WALSH, JAMES  
Address: 1719 CRESTVIEW DR  
City-St-Zip: NEW ULM, MN 56073Title: T ( ) Delete  
Name: LYNCH, KEVIN  
Address: 1369 LANDIS DR  
City-St-Zip: NORTH WALES, PA 19454Title: 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: KENT MILLER

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date