

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90062 022 \*\*\*\*61.25

**DOCUMENT # N06000006981**

1. Entity Name  
HERITAGE BAY SINGLE FAMILY HOMES II, INC.



Principal Place of Business  
10481 SIX MILE CYPRESS PKWY  
FT. MYERS, FL 33912

Mailing Address  
10481 SIX MILE CYPRESS PKWY  
FT. MYERS, FL 33912

40041155



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

20-5187382

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J  
1833 HENDRY STREET  
FT. MYERS, FL 33901

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, 2007**

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 D ☐ Delete  
NAME READER, JIM  
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY  
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE D ☐ Delete  
NAME DEBITETTO, JOHN  
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY  
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE D ☐ Delete  
NAME CORBIN, DELINDA  
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY  
CITY-ST-ZIP FT. MYERS, FL 33912

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 ☒ Change ☐ Addition  
NAME **PD THRON DANIEL**  
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY**  
CITY-ST-ZIP **FORT MYERS FL 33966**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **FORT MYERS, FL 33966**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **STD DISTEPHANO PAUL**  
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY**  
CITY-ST-ZIP **FORT MYERS FL 33966**

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

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

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: *Daniel Titman* DANIEL TITMAN

2/9/07

234-278-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #