

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009455

FILED  
Feb 13, 2012  
Secretary of State

**Entity Name:** HERITAGE PARK AT ARTISAN LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

501 N. CATTLEMEN ROAD  
SUITE 100  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 N. CATTLEMEN ROAD  
SUITE 100  
SARASOTA, FL 34232 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCCRAW, ROY J III  
Address: 501 N. CATTLEMEN ROAD, SUITE 100  
City-St-Zip: SARASOTA, FL 34232 US

Title: VTD  
Name: MCCHESENEY, VALERIE  
Address: 501 N. CATTLEMEN ROAD, SUITE 100  
City-St-Zip: SARASOTA, FL 34232 US

Title: V  
Name: KEMPTON, JOHN STEVEN  
Address: 501 N. CATTLEMEN ROAD, SUITE 100  
City-St-Zip: SARASOTA, FL 34232 US

Title: VSD  
Name: CAMPBELL, MICHELLE M  
Address: 501 N. CATTLEMEN ROAD, SUITE 100  
City-St-Zip: SARASOTA, FL 34232 US

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE M. CAMPBELL

VSD

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date