2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N08334

FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90177 050 ****61.25

HERITAGE SQUARE PROPERTY OWNERS ASSOCIATION, INC.					4000	. • -			
Principal Place of Business 2219 SHADEHILL COURT TAMPA, FL 33612 Mailing Address 2219 SHADEHILL COURT TAMPA, FL 33612							i Biği Biği Bi	III. 818 II. 818II 818	IIII a i eeni
Principal Place of Business - No P.O. Box # 3. Mailing Address				_ 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04042007	Chg-NP	CR2E03	37 (12/06)	
City & State		City & State	City & State		4. FEI Number 59-2842		· <u></u>		oplied For ot Applicable
Zip Country Z		Zip	p Country		5. Certificate o	f Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	Registered /	Agent	
DEBORD, NOELETTA A				Name					
	DEHILL COURT		Street Ad		(P.O. Box Number	is Not Acceptable	e)		
			Ę	City			FL	Zip Cod	le .
	named entity submits this statement tions of registered agent.	for the purpose of changing	its registere	ed office or regist	ered agent, or both	, in the State of Flo		familiar with,	and accept
gu.	,								
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.	NOTE: Registered	d Agent signature requir	red when reinstating)	·	DATE		
			9. Election Campaign Financing Trust Fund Contribution.						
•	Filing Fee is \$61.25 Due by May 1, 2007				\$5.00 May Be Added to Fees			k payable t tment of S	
10.		Trust Fu			\$5.00 May Be Added to Fees ADDITIONS/CHA	Flor	rida Depar	tment of S	tate
	OFFICERS AND D MOREJON, JORGE 2117 W FORE DR	Trust Fu	11. THE NAMI	E DE ME	Added to Fees ADDITIONS/CHA FECTOR ADDITIONS/CHA FECTOR ADDITIONS/CHA FECTOR ADDITIONS/CHA FECTOR ADDITIONS/CHA	NGES TO OFFICE	RS AND DI	tment of S	tate
10. TITLE NAME STREET ADDRESS	OFFICERS AND D MOREJON, JORGE	Trust Fu	11. THE NAME STRE CITY TITLE NAME STRE	E DE LETA ADDRESS TO LETA ADDR	Added to Fees ADDITIONS/CHA	NGES TO OFFICE TO N Jeh; II C L 336 inson-	rida Depar RS AND DII 12- DP CLE	tment of S	tate N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND D MOREJON, JORGE 2117 W FORE DR: TAMPA, FL 33612 DP STOREY, MATHEW 2217 SHADEHILL CT TAMPA, FL 33612 DVP ALVAREZ, J.C.	Trust Ful	11. THE NAME STRE CITY THE NAME STRE CITY THE NAME STRE CITY THE NAME STRE STRE STRE STRE	E E ADDRESS 3.1 EET ADDRESS 7.21P C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.	Added to Fees ADDITIONS/CHA FECTOR DOLL Shad INDA F ALL C. H OP S. Fe IMPA, F IMPA, F IMPA, F IMPA, F	NGES TO OFFICE TO M Jeh; II C L 336 iNSOM - CAR Circ L 33611 ARias Rebr.	TRS AND DII	TIMENT OF S	tate N 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS AND D D MOREJON, JORGE 2117 W FORE DR. TAMPA, FL 33612 DP STOREY, MATHEW 2217 SHADEHILL CT TAMPA, FL 33612 DVP ALVAREZ, J.C. 2106 W FORE DR	Trust Ful Delete Delete	11. ITHE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME STREE CITY	E E ADDRESS -ST-ZIP CARE EET ADDRESS -ST-ZIP TO E E E E E E E E E E E E E E E E E E	Added to Fees ADDITIONS/CHA FECTOR REC DIS LOZ Shace IMPA F MARINE C. H OP S. Fe IMPA, F IMPA	NGES TO OFFICE TO N Jeh; II C L 336 INSOM- CITY L 33611 ARIAS REDT. EL 3361	TRS AND DII	RECTORS IN Change	N 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS AND D D MOREJON, JORGE 2117 W FORE DR: TAMPA, FL 33612. DP STOREY, MATHEW 2217 SHADEHILL CT TAMPA, FL 33612 DVP ALVAREZ, J.C. 2106 W FORE DR TAMPA, FL 33612 TD DEBORD, NOELETTA 2219 SHADEHILL CT	Trust Ful Delete Delete Delete	11. ITHE NAME STREE CITY TITLE NAME STREE CITY	E E ADDRESS CALLET AD	Added to Fees ADDITIONS/CHA FECTOR REC DIS LOZ Shace MARIE C. H O9 5. Fe IMPA, F IMPA, F IMPA, F IMPA, F	Plot NGES TO OFFICE TO N Jeh; II C L 336 NSON- CAR CITA L 336 ARIAS REDT. L 336	FRS AND DII	THECTORS IN Change	tate V 10 Addition Addition
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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: Meletta a De Bord 4-5-07 813-933-2922

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