

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N13253

1. Entity Name
HERITAGE BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1307 43RD AVE. DR. W.
PALMETTO, FL 34221

Mailing Address
1307 43RD AVE. DR. W.
PALMETTO, FL 34221



04052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2628029

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CABANILLAS, DENISE
4334 15TH WAY
PALMETTO, FL 34221

**DO NOT WRITE
IN THIS SPACE**

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, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONSTANTINE, KATHLEEN
4334 15TH WAY
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FITZPATRICK, MARK
4315 15TH WAY
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIROKY, BOB
1505 43RD AVE DR W
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MATTHEWS, TIM
4307 15TH WAY W
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'BANNON, BRENDA
1412-43RD AVE DR W
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TERRY, LINDA
1528-43RD AVE DR W
PALMETTO, FL 34221

U00000505353
04/26/06-83112-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-06 941-429-2876