

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 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

DO NOT WRITE IN THIS SPACE



04142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2628029

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000937798
05/27/08-80064-012 61.25

10. OFFICERS AND DIRECTORS

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
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 #