

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13253

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** HERITAGE BAY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1101 9TH AVE WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

1101 9TH AVE WEST  
BRADENTON, FL 34205

**New Mailing Address:**

**FEI Number:** 59-2628029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CABANILLAS, DENISE  
1101 9TH AVE WEST  
BRADENTON, FL 34205 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: P  
Name: FITZPATRICK, MARK  
Address: 4315 15TH WAY  
City-St-Zip: PALMETTO, FL 34221

Title: VP  
Name: SIROKY, BOB  
Address: 1505 43RD AVE DR W  
City-St-Zip: PALMETTO, FL 34221

Title: D  
Name: DENTON, RYAN  
Address: 1517 43RD AVE DR W  
City-St-Zip: PALMETTO, FL 34221

Title: T  
Name: THOMPSON, MIKE  
Address: 4317 14TH ST CIR W  
City-St-Zip: PALMETTO, FL 34221

Title: S  
Name: SONNENBERG, CARY  
Address: 4318 15TH WAY W  
City-St-Zip: PALMETTO, FL 34221

Title: D  
Name: CATO, JAMES  
Address: 1509 43RD AVE DR W  
City-St-Zip: PALMETTO, FL 34221

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: BOB SIROKY

VP

03/18/2011

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

\_\_\_\_\_  
Date