2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# N18270

Entity Name: HERITAGE PLANTATION PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8192 S.E. CUMBERLAND CIRCLE
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1396
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 65-0033319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMSON, RILEY TRES
8202 SE CUMBERLAND CIRCLE
HOBE SOUND, FL 33455 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: PRES ( ) Delete
Name: LOPOPOLO, LARRY PRES
Address: 8192 SE CUMBERLAND CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: V. P ( ) Delete
Name: GWYN-WILLIAMS, HUGH V. PRES
Address: 8173 SE CUMBERLAND CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: SEC ( ) Delete
Name: LAMSON, MARY SEC
Address: 8202 SE CUMBERLAND CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: TRES ( ) Delete
Name: LAMSON, RILEY TRES
Address: 8202 SE CUMBERLAND CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY A LAMSON SECR 02/20/2008

Electronic Signature of Signing Officer or Director — Date