

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18270

FILED  
Jan 26, 2009  
Secretary of State

**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:**

LAMSON, MARY TRES  
8202 SE CUMBERLAND CIRCLE  
HOBE SOUND, FL 33455 US

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: MARY LAMSON

01/26/2009

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: TRES (X) Change ( ) Addition  
Name: LAMSON, MARY TRES  
Address: 8202 SE CUMBERLAND CIRCLE  
City-St-Zip: HOBE SOUND, FL 33455

Title: SEC (X) Change ( ) Addition  
Name: LAMSON, RILEY SEC  
Address: 8202 SE CUMBERLAND CIRCLE  
City-St-Zip: HOBE SOUND, FL 33455

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 LAMSON

TRES

01/26/2009

Electronic Signature of Signing Officer or Director

Date