2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19543

FILED Apr 08, 2009 Secretary of State

Entity Name: HERITAGE VILLAGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 9943 HERITAGE CIRCLE

PANAMA CITY BEACH, FL 32407 US PANAMA CITY BEACH, FL 32407 US

Current Mailing Address: New Mailing Address:

P.O. BOX 9943

PANAMA CITY BEACH, FL 32407 US

FEI Number: 59-2873417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SNYDER, NORM FILLER, KRISTIN PRESIDE 122 HERITAGE CIR 105 HERITAGE CIRCLE

PANAMA CITY BEACH, FL 32407 US PANAMA CITY BEACH, FL 32407 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: JUDY DALEY 04/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: SNYDER, NORM Name: FILLER, KRISTIN
Address: 122 HERITAGE CIR Address: 105 HERITAGE CIR

City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: V () Delete Title: () Change () Addition

Name: WELLS, WILLIAM Name:
Address: 115 HERITAGE CIR Address:

City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

Name:DALEY, JUDYName:Address:123 HERITAGE CIRCLEAddress:City-St-Zip:PANAMA CITY BEACH, FL 32407City-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: JUDY DALEY ST 04/08/2009