


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90021 044 ****61.25

DOCUMENT # N26010	
1. Entity Name HERITAGE SQUARE OWNERS ASSOCIATION, INC.	

Principal Place of Business ASSC. MGMT. CO, INC. 2330 BRYAN ST. KISSIMMEE, FL 34741 US	Mailing Address ASSC. MGMT. CO, INC. 2330 BRYAN ST. KISSIMMEE, FL 34741 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03062007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2956233	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LATTA, DAN 2330 BRYON ST. KISSIMMEE, FL 34741	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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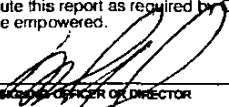
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUZYAK, MARK D. DMD <input checked="" type="checkbox"/> Delete 909 E OAK ST KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL WEBSTER, M.D. 825 E OAK ST KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOB <input checked="" type="checkbox"/> Delete SALISBURY, JIM 7800 WIRLO BRONSON MEM HWY KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JUDY ENSIGN 5 N. BUNDY AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete NORMAN, DON 501 E OAK ST STE F KISSIMMEE, FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JIM SULLIVAN 809 E OAK ST # 106 KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VEC SULLIVAN 809 E OAK ST # 106 KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HUZYAK, MARK D. DMD 606 S. PALM BLVD - WILSON RD. #4 ORLANDO, FL 32719
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:		3/15/07	407 313 7679
SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY, OFFICER OR DIRECTOR		Date	Daytime Phone #