
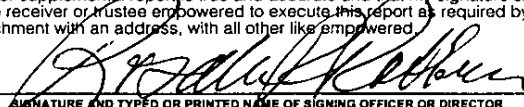


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

06-12-2006 90002 043 \*\*\*\*61.25

<b>DOCUMENT # N32798</b> 1. Entity Name <b>HERITAGE SQUARE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2616 TAMiami TR PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>2616 TAMiami TR PORT CHARLOTTE, FL 33952</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>100 Sullivan St</b> Suite, Apt. #, etc. <b>112</b> City & State <b>Punta Gorda FL</b> Zip <b>33952</b>			
Country <b>US</b>		4. FEI Number <b>65-0219134</b>			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GREENE, JOAN F 100 SULLIVAN ST 112 PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROBBINS, HAL</b> <b>2616 TAMiami TR</b> <b>PORT CHARLOTTE, FL 33952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>JACK Zollar</b> <b>5629 Strand Blvd Suite 409</b> <b>NAPLES FL 34110</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MOREHOUSE, RAY</b> <b>2616 TAMiami TR</b> <b>PORT CHARLOTTE, FL 33952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>Jeff Fehr</b> <b>22286 Vick St</b> <b>Port Charlotte FL 33980</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ROBBINS, ROSEALIE</b> <b>2616 TAMiami TR</b> <b>PORT CHARLOTTE, FL 33952</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEID</b>	
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	
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	
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.					
<b>SIGNATURE:</b>  <b>3/14/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					