


FILED  
Mar 13, 2008 8:00 am  
Secretary of State

03-13-2008 90040 033 \*\*\*\*61.25

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # N32798</b>   |  |   |   |
| 1. Entity Name<br>HERITAGE SQUARE CONDOMINIUM ASSOCIATION, INC.  |  |  |   |
| Principal Place of Business<br>2616 TAMiami TR<br>PORT CHARLOTTE, FL 33952   |  | Mailing Address<br>100 SULLIVAN CT 112<br>PORT CHARLOTTE, FL 33952   |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address<br>STAR HOSPITALITY MGT. INC  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.<br>6025 TAYLOR Rd - Unit 2   |   |
| City & State   |  | City & State<br>Punta Gorda, FL  |   |
| Zip  | Country  | Zip  | Country   |
| 33950  | USA  | 33950  | USA   |
| 4. FEI Number<br>65-0219134  |  | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>GREENE, JOAN F<br>100 SULLIVAN ST<br>112<br>PUNTA GORDA, FL 33950   |  | 7. Name and Address of New Registered Agent<br>Name<br>STAR HOSPITALITY MANAGEMENT, INC<br>Address (P.O. Box Number is Not Acceptable)<br>6025 TAYLOR Rd<br>UNIT 2<br>City<br>PUNTA GORDA FL Zip Code<br>33950 |   |
| 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.<br>SIGNATURE <u>Henry Sue Lief, manager</u> DATE <u>3-14-08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>ZOLLINGER, JACK<br>5621 STRAND BLVD., 311<br>NAPLES, FL 34110 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD.<br>ZOLLINGER, JACK<br>5621 STRAND BLVD, STE 303<br>NAPLES, FL 34110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>HINTZ, MARCO<br>3627 PARK RIDGE CIR.<br>SARASOTA, FL 34243 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRS<br>ROBBINS, ROSEALIE<br>2616 TAMiami TR<br>PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SEC/TRES<br>ROBBINS, ROSEALIE<br>2616 TAMiami TR, Unit 8<br>PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Jack Zollinger</u>   |  | 3/6/08 234.595.5151  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  | <small>Date Daytime Phone #</small>  |   |