## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37013

FILED Feb 10, 2008 Secretary of State

Entity Name: THE HERITAGE HOMEOWNERS ASSOCIATION OF NORTH FT. MYERS, INC.

Current Principal Place of Business:		New Princ	New Principal Place of Business:			
	ITAGE LAKES ERS, FL 3391					
Current Mailing Address:		New Maili	New Mailing Address:			
	ITAGE LAKES ERS, FL 3391					
FEI Number	: 65-0156527	FEI Number Applied For()	FEI Number Not Appl	Dicable ( ) Certificate of Status Desired ( )		
Name and	d Address of (	Current Registered Agent:	Name and	d Address of New Registered Agent:		
5290 VER SUITE 103	COLLING & AS SAILLES DRIV 3 D, FL 32751 U	/E				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or bot		
SIGNATU	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PRES ( BUSH, GARY 3667 LONG IR NO FT. MYERS		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP ( GRIES, DONA 3737 GOLF C/ N FT MYERS,	ART DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	CARTER, FAY	SE LAKES BLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	LABONTE, DO 3628 CHIP SH		Title: Name: Address: City-St-Zip:	T (X) Change () Addition HARRISON, DORIS V 3982 WILDVIEW COURT NORTH FORT MYERS, FL 33917		
Title: Name: Address: City-St-Zip:	MORRIS, ANN 3929 GOLF CA		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

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: DORIS HARRISON T 02/10/2008