


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90017 041 ****61.25

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| DOCUMENT # N39920 |  |
| 1. Entity Name HERITAGE PINES HOMEOWNERS ASSOCIATION, INC. | |

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| Principal Place of Business 282 WILLOUGHBY DRIVE EXT NAPLES FL 34110 US | Mailing Address 294 WILLOUGHBY DRIVE EXT NAPLES FL 34110 US |
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| 2. Principal Place of Business 263 Willoughby Dr. EXT Suite, Apt. #, etc. | 3. Mailing Address 270 Willoughby Dr. EXT Suite, Apt. #, etc. |
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|----------------------------------|----------------------------------|
| City & State NAPLES FL | City & State NAPLES FL |
| Zip 34110 | Country Collier |
| Zip 34110 | Country Collier |

20030373



1st MOORE CR2E037 (10/04)

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|---|--|---|
| 4. FEI Number 65-0317236 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MILES, ELIZABETH J 293 WILLOUGHBY DRIVE, EXT. NAPLES FL 34110 | | 7. Name and Address of New Registered Agent Name Denise Boehm Street Address (P.O. Box Number is Not Acceptable) 263 Willoughby Drive, Ext City Naples FL Zip Code 34110 |

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 *Denise Boehm* DATE 4/5/05
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 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 BIASETTI, SHIRLEY 282 WILLOUGHBY DR NE EXT NAPLES FL 34110 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DENISE BOEHM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 263 WILLOUGHBY DR. EXT. NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TOSCANO, MIKE 258 WILLOUGHBY DR. EXT. NAPLES FL 34110 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TANIA LICOUT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 269 WILLOUGHBY DR. EXT. NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MCCAMBRIDGE, ANNE 282 WILLOUGHBY DR. EXT. NAPLES FL 34110 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | KEITH UPSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 264 WILLOUGHBY DR. EXT. NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TRUPIANO, CATHERINE 294 WILLOUGHBY DRIVE EXT NAPLES FL 34110 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SHEILA MYERS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 270 WILLOUGHBY DR. EXT. NAPLES, FL 34110 |
| 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 exemption stated in Section 119.07(3)(i), 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: *Denise Boehm* DATE 4/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #