

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

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



Principal Place of Business: 282 WILLOUGHBY DRIVE EXT, NAPLES FL 34110, US
 Mailing Address: 294 WILLOUGHBY DRIVE EXT, NAPLES FL 34110, US

20030373



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: 263 Willoughby Dr. EXT, Suite, Apt. #, etc.
 3. Mailing Address: 270 Willoughby Dr. EXT, Suite, Apt. #, etc.

City & State: NAPLES FL
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 Zip: 34110 Country: COLLIER
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4. FEI Number: 65-0317236
 Applied For: Not Applicable

5. Certificate of Status Desired: \$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

FILE NOW - FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: BIASETTI, SHIRLEY STREET ADDRESS: 282 WILLOUGHBY DR NE EXT CITY-ST-ZIP: NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE: VD NAME: TOSCANO, MIKE STREET ADDRESS: 258 WILLOUGHBY DR. EXT. CITY-ST-ZIP: NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE: SD NAME: MCCAMBRIDGE, ANNE STREET ADDRESS: 282 WILLOUGHBY DR. EXT. CITY-ST-ZIP: NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: TRUPIANO, CATHERINE STREET ADDRESS: 294 WILLOUGHBY DRIVE EXT CITY-ST-ZIP: NAPLES FL 34110	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: NAME: DENISE BOEHM STREET ADDRESS: 263 WILLOUGHBY DR. EXT. CITY-ST-ZIP: NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: TANIA LICOUT STREET ADDRESS: 269 WILLOUGHBY DR. EXT. CITY-ST-ZIP: NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: KEITH UPSON STREET ADDRESS: 264 WILLOUGHBY DR. EXT. CITY-ST-ZIP: NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: SHEILA MYERS STREET ADDRESS: 270 WILLOUGHBY DR. EXT. CITY-ST-ZIP: NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 #