


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90042 014 ****61.25

DOCUMENT # N47829			
1. Entity Name HERITAGE ACRES HOMEOWNERS' ASSOCIATION OF BREVARD, INC.			
Principal Place of Business 12223 SALMONBERRY PLACE ROCKLEDGE FL 32955 US		Mailing Address P O BOX 561311 ROCKLEDGE FL 32956-1311 US	
2. Principal Place of Business 1224 HERITAGE ACRES BLVD		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ROCKLEDGE, FL		City & State FL	
Zip 32955	Country USA	Zip 32956	Country USA
6. Name and Address of Current Registered Agent BECKNER, FLORENE 1223 SALMONBERRY PLACE ROCKLEDGE FL 32955		7. Name and Address of New Registered Agent Name: GLENN VERA Street Address (P.O. Box Number is Not Acceptable) 1224 HERITAGE ACRES BLVD City: ROCKLEDGE FL Zip Code: 32955	



MOORE CR2E037 (11/03)

4. FEI Number 59-3111959 ☐ **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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: Glenn Vera GLENN VERA, SECRETARY 5 APRIL 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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 PD	NAME MILLER, DENIS <input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1220 HERITAGE ACRES BLVD	CITY - ST - ZIP ROCKLEDGE FL 32955	NAME BURDETT, STEPHEN	STREET ADDRESS 1207 HERITAGE ACRES BLVD
		CITY - ST - ZIP ROCKLEDGE, FL 32955	
TITLE TD	NAME BECKNER, FLORENE <input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1223 SALMONBERRY PLACE	CITY - ST - ZIP ROCKLEDGE FL 32955	NAME AYALA, CAROL	STREET ADDRESS 1304 HERITAGE ACRES BLVD
		CITY - ST - ZIP ROCKLEDGE, FL 32955	
TITLE SD	NAME MCCORMICK, REBECCA <input checked="" type="checkbox"/> Delete	TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1208 WALDEN POND CT	CITY - ST - ZIP ROCKLEDGE FL 32955	NAME LIPINSKI, DIANE	STREET ADDRESS 1216 HERITAGE ACRES BLVD
		CITY - ST - ZIP ROCKLEDGE, FL 32955	
TITLE	<input type="checkbox"/> Delete	TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME VERA, GLENN	STREET ADDRESS 1224 HERITAGE ACRES BLVD
STREET ADDRESS		CITY - ST - ZIP ROCKLEDGE, FL 32955	
CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: Glenn Vera GLENN VERA 5 APRIL 2004 (321) 730-5301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # x1163