

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90379 012 ****61.25

DOCUMENT # N47829

1. Entity Name
**HERITAGE ACRES HOMEOWNERS' ASSOCIATION OF
BREVARD, INC.**



Principal Place of Business
**1224 HERITAGE ACRES BLVD.
ROCKLEDGE, FL 32955 US**

Mailing Address
**P O BOX 561311
ROCKLEDGE, FL 32956-1311 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3111959

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VERA, GLENN
1224 HERITAGE ACRES BLVD.
ROCKLEDGE, FL 32955**

Name **KHAN, IMTIAZ**
Street Address (P.O. Box Number is Not Acceptable)

1212 WALDEPOD CT
City **ROCKLEDGE** FL Zip Code **32955**

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

[Signature]

IMTIAZ KHAN, TREASURER

4/10/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BURDETT, STEPHEN**
STREET ADDRESS **1207 HERITAGE ACRES BLVD.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **AYALA, CAROL**
STREET ADDRESS **1304 HERITAGE ACRES BLVD.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **V** ☒ Change ☐ Addition
NAME **LIPINSKI, FRANK**
STREET ADDRESS **1216 Heritage Acres Blvd**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **T** ☒ Delete
NAME **LIPINSKI, DIANE**
STREET ADDRESS **1216 HERITAGE ACRES BLVD.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **T** ☒ Change ☐ Addition
NAME **KHAN, IMTIAZ**
STREET ADDRESS **1212 WALDEPOD CT**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **S** ☒ Delete
NAME **VERA, GLENN**
STREET ADDRESS **1224 HERITAGE ACRES BLVD.**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE **S** ☒ Change ☐ Addition
NAME **MANIERI, LORI**
STREET ADDRESS **1202 TWIN OAKS CT**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

IMTIAZ KHAN

4/10/06

4078257180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #