

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90040 010 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102007

Chg-NP

CR2E037 (12/06)

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

**KAHN, IMTIAZ  
1212 WALDEN POND CT  
ROCKLEDGE, FL 32955**

Name **Burdett, Stephen**

Street Address (P.O. Box Number is Not Acceptable)  
**1207 Heritage Acres Blvd.**

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, 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, 2007**

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

TITLE  
NAME **Phapinski, Frank** ☒ Change ☐ Addition  
STREET ADDRESS **1216 Heritage Acres Blvd**  
CITY-ST-ZIP **Rockledge, Fl. 32955**

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

TITLE  
NAME **Khan, Imtiaz** ☒ Change ☐ Addition  
STREET ADDRESS **121 Walden Pond Ct**  
CITY-ST-ZIP **Rockledge, Fl. 32955**

TITLE  
NAME **T KHAN, IMTIAZ** ☒ Delete  
STREET ADDRESS **121 WALDEN POND CT.**  
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE  
NAME **Burdett, Stephen** ☒ Change ☐ Addition  
STREET ADDRESS **1207 Heritage Acres Blvd**  
CITY-ST-ZIP **Rockledge, Fl. 32955**

TITLE  
NAME **S MANGIERI, LORI** ☐ Delete  
STREET ADDRESS **1202 TWINOAKS CT**  
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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:**

*Stephen Burdett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-07**

**321-637-2002**

Date

Daytime Phone #