

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

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 013 ****61.25

DOCUMENT # N95000002024	
1. Entity Name	
THE HERITAGE DISTRICT ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
6939 N. WICKHAM RD MELBOURNE FL 32990	6939 N. WICKHAM RD MELBOURNE FL 32990

00010101



1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-3312992	Not Applicable

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

6. Name and Address of Current Registered Agent
STEWART, FRANCIS N 6939 N. WICKHAM RD MELBOURNE FL 32940

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DINNALLY, WILLIAM 4814 SOUTH DR VIERA FL 32955 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHILLIP ORLANDY 4811 Solitary Dr. VIERA FL 32955 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILLES, JAMES 1994 BUCKHEAD CT. VIERA FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PROKOPOUNCE, JOHN 4804 SOLITARY DR VIERA FL 32955 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERTZOG, ERIC 1997 BUCKHEAD CT ROCKLEDGE FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  **2/16/05** **34433 3002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**