

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90099 036 *****61.25

DOCUMENT # N95000002024

1. Entity Name

THE HERITAGE DISTRICT ASSOCIATION, INC.



Principal Place of Business

6939 N. WICKHAM RD
MELBOURNE FL 32990

Mailing Address

6939 N. WICKHAM RD
MELBOURNE FL 32990

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

59-3312992

Applied For

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

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, 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

TITLE
NAME PD
STREET ADDRESS ORILLEY, PHILLIP
CITY-ST-ZIP 4811 SELITERY DR
VIERA FL 32955 ☐ Delete

TITLE
NAME T
STREET ADDRESS GILLES, JAMES
CITY-ST-ZIP 1994 BUCKHEAD CT.
VIERA FL 32955 ☒ Delete

TITLE
NAME S
STREET ADDRESS HERTZOG, ERIC
CITY-ST-ZIP 1997 BUCKHEAD CT
ROCKLEDGE FL 32955 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Oreilly, Phillip

TITLE
NAME T
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Baldwin Thomas
4810 Solitary Dr.
Rockledge, FL 32955

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

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

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

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 exemptions contained in Section 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 lines empowered.

SIGNATURE

[Handwritten Signature]

3-1-2006