

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90017 026 ****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 - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/07)

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 preprinted name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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	PD	☒ Delete
NAME	OREILLY, PHILLIP	
STREET ADDRESS	4811 SELITERY DR	
CITY-ST-ZIP	VIERA FL 32955	
TITLE	T	☒ Delete
NAME	BALDWIN, THOMAS	
STREET ADDRESS	4810 SOLITARY DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	S	☒ Delete
NAME	HERTZOG, ERIC	
STREET ADDRESS	1997 BUCKHEAD CT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	James G. Gilles	
STREET ADDRESS	1994 Buckhead CT.	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	TD	☒ Change ☐ Addition
NAME	Paul D. Lewis, Jr.	
STREET ADDRESS	4803 Solitary Dr.	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE	SD	☒ Change ☐ Addition
NAME	Reinhold P. Gurke	
STREET ADDRESS	2000 Buckhead CT.	
CITY-ST-ZIP	Rockledge, FL 32955	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 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 like empowered.

SIGNATURE:

Paul D. Lewis, Jr. Treas.

3-12-08

321-636-0746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #