

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

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90060 008 \*\*\*\*61.25

**DOCUMENT # N96000000606**

1. Entity Name

HERITAGE VILLAGE HOMEOWNERS ASSOCIATION  
CORPORATION OF LARGO



Principal Place of Business

12840 SEMINOLE BLVD  
LOT 45  
LARGO FL 33778  
US

Mailing Address

12840 SEMINOLE BLVD.  
LOT 69  
LARGO FL 33778  
US

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

59-2421877

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

MCKOWIAK, JANE  
12840 SEMINOLE BLVD  
LOT 69  
LARGO FL 33778

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

Jane Mackowiak  
(NOTE: Registered Agent signature required when reinstating)

2/2/05  
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 D ☐ Delete  
NAME SIMPSON, JUNE  
STREET ADDRESS 12840 SEMINOLE BLVD 76  
CITY-ST-ZIP LARGO FL 33778

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

TITLE D ☒ Delete  
NAME BOWEN, WILMA  
STREET ADDRESS 12890 SEMINOLE BLVD LOT B  
CITY-ST-ZIP LARGO FL 33778

TITLE ☒ Change ☐ Addition  
NAME JOHN KRAY  
STREET ADDRESS 12840 SEMINOLE BLVD.  
CITY-ST-ZIP LARGO, FLA 33778 LOT 67

TITLE D ☐ Delete  
NAME MACKOWIAK, JANE  
STREET ADDRESS 12840 SEMINOLE BLVD LOT 69  
CITY-ST-ZIP LARGO FL 33778

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

TITLE D ☐ Delete  
NAME MUELLER, ALVIN  
STREET ADDRESS 12840 SEMINOLE BLVD 45  
CITY-ST-ZIP LARGO FL 33778

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

TITLE D ☐ Delete  
NAME NICHOL, GORDAN  
STREET ADDRESS 12840 SEMINOLE BLVD LOT 32  
CITY-ST-ZIP LARGO FL 33778

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

TITLE D ☐ Delete  
NAME LAWSON, HAROLD  
STREET ADDRESS 12840 SEMINOLE BLVD. LOT 21  
CITY-ST-ZIP LARGO FL 33778

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 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: Jane Mackowiak  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 587-7940  
Date Daytime Phone #