

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State 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 MCKOWIAK, JANE 12840 SEMINOLE BLVD LOT 69 LARGO FL 33778			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 <u><i>Jane M. Mackowiah</i></u> <u><i>1/29/07</i></u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE					
FILE NOW: 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 STREET ADDRESS CITY- ST- ZIP	S SIMPSON, JUNE 12840 SEMINOLE BLVD 76 LARGO FL 33778	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KRAY, JOHN 12840 SEMINOLE BOULEVARD #67 LARGO FL 33778	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U000000619053 02/08/07-80056-001 61.25	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MACKOWIAH, JANE 12840 SEMINOLE BLVD LOT 69 LARGO FL 33778	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SCHULLER, KAREN 12840 SEMINOLE BLVD LOT 64 LARGO FL 33778	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NICHOL, GORDAN 12840 SEMINOLE BLVD LOT 32 LARGO FL 33778	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LAWSON, HAROLD 12840 SEMINOLE BLVD. LOT 21 LARGO FL 33778	☐ 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 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: *Jane M. Mackowiah* *1/27/07* *727 587-7940*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #