

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90165 015 ****61.25

DOCUMENT # N96000001031

1. Entity Name
**HERITAGE PARK OF BLOOMINGDALE HOMEOWNERS'
ASSOCIATION INC.**



Principal Place of Business
**P.O. BOX 6235
BRANDON, FL 33508-6004 US**

Mailing Address
**MCNEIL MGMT SERVICE INC.
PO BOX 6235
BRANDON, FL 33508-6004 US**



2. Principal Place of Business
**1463 Oakfield Dr
Suite, Apt. #, etc.
Suite 141**

3. Mailing Address

Suite, Apt. #, etc.

04052005 Chg-NP CR2E037 (10/03)

City & State
Brandon FL

City & State

4. FEI Number
59-3374800

Applied For
Not Applicable

Zip
33511

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**TANKEL, ROBERT PA
1022 MAIN STREET
STE D
DUNEDIN, FL 34698**

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

**Filing 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

TITLE **DP** ☒ Delete
NAME **COSTELLO, CHARLES**
STREET ADDRESS **2524 SIENA WAY**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **D** ☐ Delete
NAME **REAGIN, TOM**
STREET ADDRESS **2613 CLARESIDE**
CITY-ST-ZIP **VALRICO, FL 33594**

TITLE **D** ☐ Delete
NAME **CONNELLY, SUSAN**
STREET ADDRESS **2518 SIENA WAY**
CITY-ST-ZIP **VALRICO, FL 33594**

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 **D** ☐ Change ☒ Addition
NAME **Mark Thorn**
STREET ADDRESS **2542 Siena Way**
CITY-ST-ZIP **Valrico FL 33594**

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

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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: *Mark D. Thorn* **Mark D. Thorn**

4/8/05

Date

(813)661-5928

Daytime Phone #