

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90041 004 ****61.25

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| DOCUMENT # N96000001031 | | | | | |
| 1. Entity Name HERITAGE PARK OF BLOOMINGDALE HOMEOWNERS' ASSOCIATION INC. | | | | | |
| Principal Place of Business 1463 OAKFIELD DR STE 141 BRANDON, FL 33511 US | | | Mailing Address MCNEIL MGMT SERVICE INC. PO BOX 6235 BRANDON, FL 33508-6004 US | | |
| 2. Principal Place of Business - No P.O. Box # 1463 Oakfield Dr. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. Ste 142 | | Suite, Apt. #, etc. | | | |
| City & State Brandon, FL | | City & State | | 4. FEI Number 59-3374800 | |
| Zip 33511 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D ZENO, RAFAEL 2517 CLARESIDE DR VALRICO, FL 33594 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Hooper, Paul 2608 clareside Dr. Valrico, FL 33594 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D REAGIN, TOM 2613 CLARESIDE VALRICO, FL 33594 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D Bledsoe, Joe 2555 Siena Way Valrico, FL 33594 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BERRIOS, JORGE 2612 CLARESIDE DR VALRICO, FL 33594 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: | | | Joseph F. BLEDSOE | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date: 2/14/07 Daytime Phone # | | |