



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90213 021 ****61.25

DOCUMENT # N96000006327 1. Entity Name HERITAGE CREST HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3802 EHRLICH ROAD SUITE 305 TAMPA, FL 33624		Mailing Address P.O BOX 340747 TAMPA, FL 33694	
2. Principal Place of Business 3802 Ehrlich Rd		3. Mailing Address Same	
Suite, Apt. #, etc. Suite 104		Suite, Apt. #, etc.	
City & State Tampa FL		City & State	
Zip 33624		Country USA	
4. FEI Number 65-0729767		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUN COVE REALTY, INC. 3802 EHRLICH ROAD SUITE 305 TAMPA, FL 33624		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, 2006		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	PD WILLIAMS, ERNEST 1508 HERITAGE CREST DR. VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Darryl Layton 2112 Heritage Crest Valrico, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALLETTI, DEBBIE 1503 HERITAGE DR. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Neil 2217 Heritage Crest Dr Valrico, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLETTI, DEBBIE 1503 HERITAGE DR. VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nancy Truluck 2213 Heritage Crest Dr. Valrico, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSETTI, AL 2107 HERITAGE CREST VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Robin Dunham 1507 Heritage Dr Valrico, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEVELAND, STEVE 1504 HERITAGE DR. VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Steve Cleveland 1504 Heritage Dr Valrico, FL 33594 <input checked="" 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
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: <u>Steve Cleveland</u>		Date: <u>4/24/06</u> Daytime Phone #: <u>653-0126</u>	