2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90083 005 ****61.25

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1. Entity Name
HERITAGE CREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3802 EHRLICH RD STE 104 TAMPA, FL 33624	P.O BOX 340747 TAMPA, FL 33694

03232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	c/o STERLING MANAGEMENT
Suite, Apt. #, etc. 2870 SCHERER DR. N. #100	Suite, Apt. #, etc. 2870 SCHERER DR. N. #100
City & State ST. PETERSBURG, FL.	City & State ST. PETERSBURG, FL.
Zip / Country 33716 / PINELLAS	Zip / Country 33716 / PINELLAS

4. FEI Number
65-0729767
☐ 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
SUN COVE REALTY, INC. 3802 EHRLICH ROAD SUITE 305 TAMPA, FL 33624	Name: ROBERT TANKEL Street Address (P.O. Box Number is Not Acceptable): 1022 MAIN ST. STE. D City: DUNEDIN FL Zip Code: 34698

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: Robert L Tankel 3/27/07
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, 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	VP LAYTON, DARRYL 2112 HERITAGE CREST VALRICO, FL 33594	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STEVENS, DONNA 2209 HERITAGE CREST DR. VALRICO, FL. 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ TD GALLETTI, DEBBIE 1503 HERITAGE DR. VALRICO, FL 33594	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GALLETTI, DEBBIE 1503 HERITAGE DR. VALRICO, FL. 33594	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRULUCH, NANCY 2213 HERITAGE CREST DR VALRICO, FL 33594	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOODFORD, DONALD 2214 HERITAGE CREST. DR. VALRICO, FL. 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DLENNAM, ROBIN 1507 HERITAGE DR VALRICO, FL 33594	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUNNAM, ROBIN 1507 HERITAGE DR. VALRICO, FL. 33594	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLEVELAND, STEVE 1504 HERITAGE DR VALRICO, FL 33594	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTSON, FRED 2104 HERITAGE CREST DR. VALRICO, FL. 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAIL, MICHAEL 2217 HERITATGE CREST DR VALRICO, FL 33594	☑ 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 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: Donna R Dunnam 4/4/07 813-222-0577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #