



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 025 ****61.25

DOCUMENT # N96000006327 1. Entity Name HERITAGE CREST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2870 SCHERER DR N #100 SAINT PETERSBURG, FL 33716			Mailing Address STERLING MGMT 2870 SCHERER DR N #100 SAINT PETERSBURG, FL 33716		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0729767 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03212008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent TANKEL, ROBERT 1022 MAIN ST 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	VP STEVENS, DONNA 2209 HERITAGE CREST DR VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ERNEST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1588 Heritage Dr. Valrico, FL 33594		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD GALLETTI, DEBBIE 1503 HERITAGE DR. VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COSE, MARILYN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 221 1/2 Heritage Crest Dr. Valrico, FL 33594		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODFORD, DONALD 2214 HERITAGE CREST DR VALRICO, FL 33594 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRALUCK, NANCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2213 Heritage Dr. Valrico, FL 33594		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNNAM, ROBIN 1507 HERITAGE DR VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, RICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2111 HERITAGE CREST DR VALRICO, FL 33594		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, FRED 2104 HERITAGE CREST 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		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/24/8 813-222-0577 Date Daytime Phone #			