

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90188 013 \*\*\*\*61.25

**DOCUMENT # N97000005635**

1. Entity Name  
**HERITAGE GREENS SINGLE FAMILY HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O RESORT MANAGEMENT  
2685 HORSHOE DR S #215  
NAPLES, FL 34109 US**

Mailing Address  
**C/O RESORT MANAGEMENT  
2685 HORSHOE DR S #215  
NAPLES, FL 34109 US**

**60035914**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0789419**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**MICHAELSON, HENRY  
2109 MORNING SUN LANE  
NAPLES, FL 34119**

## 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 obligation of registered agent.

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, 2008**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVP  
SHELTON, JOHN  
2261 HERITAGE GREENS DRIVE  
NAPLES, FL 34119**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MICHAELSON, HENRY  
2109 MORNING SUN LANE  
NAPLES, FL 34119**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
LOWE, ELIZABETH  
1994 MORNING SUN LANE  
NAPLES, FL 34119**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CERNUTO, ANTHONY  
2333 HERITAGE GREENS DRIVE  
NAPLES, FL 34119**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROBIDOEX, MICHAEL  
2118 MORNING SUN LANE  
NAPLES, FL 34119**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P/D**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:**

*Henry J. Michaelson*  
**HENRY J. MICHAELSON** 4/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #