

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90074 035 ****61.25

DOCUMENT # N98000001198

1. Entity Name
HERITAGE ESTATES HOMEOWNERS ASSOCIATION,
INC.



Principal Place of Business
6900-29 DANIELS PARKWAY
PMB 348
FORT MYERS, FL 33966

Mailing Address
6900-29 DANIELS PARKWAY
PMB 348
FORT MYERS, FL 33966



01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0825024	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

PORECKI, MARY-ALICE
7909 GO CANES WAY
FORT MYERS, FL 33966

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIOVANNI, GEORGE 11091 WINE PALM ROAD FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORECKI, MARY-ALICE HARRLAN HAMMEL 7909 GO CANES WAY 73 40 Heritage Palm Estates FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORECKI, MARY ALICE 7909 GO CANES WAY FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIECO, MARK 11142 WINE PALM ROAD FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADELHELM, LOUIS 11119 WINE PALM ROAD FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: MARK GRIECO Mark Grieco 11/15/07 231-931-0621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #