

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001979

FILED
Apr 27, 2005
Secretary of State

Entity Name: HERITAGE OAK PARK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

26212 MADRAS COURT
CHARLOTTE HARBOR, FL 33983

New Principal Place of Business:

3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614

Current Mailing Address:

200 SOUTH ORANGE AVE
C/O WILLIAM M SEIDER
SARASOTA, FL 34236

New Mailing Address:

3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614

FEI Number: 65-0915835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEIDER, WILLIAM M
200 SOUTH ORANGE AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

RIZZETTA & COMPANY, INC.
3434 COLWELL AVENUE
SUITE 200
TAMPA, FL 33614 US

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.

SIGNATURE: WILLIAM J. RIZZETTA

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PALMER, PHILIP J
Address: 26212 MADRAS COURT
City-St-Zip: CHARLOTTE HARBOR, FL 33983

Title: VD () Delete
Name: PALMER, KATHLEEN
Address: 26212 MADRAS COURT
City-St-Zip: CHARLOTTE HARBOR, FL 33983

Title: D () Delete
Name: INABNITT, ANTHONY
Address: 26212 MADRAS COURT
City-St-Zip: CHARLOTTE HARBOR, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLSON, THOMAS
Address: 1295 GREEN OAK TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VD (X) Change () Addition
Name: BAUER, ED
Address: 1064 LIVE OAK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S (X) Change () Addition
Name: NEILL, CECIL
Address: 1063 LIVE OAK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS COLSON

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date