

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90311 010 ****61.25

DOCUMENT # N99000001979

1. Entity Name
HERITAGE OAK PARK COMMUNITY ASSOCIATION, INC.



Principal Place of Business
19520 HERITAGE OAK BLVD.
PORT CHARLOTTE, FL 33948

Mailing Address
19520 HERITAGE OAK BLVD.
PORT CHARLOTTE, FL 33948

60024917



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0915835

Applied For
Not Applicable

Zip

Country

Zip

Country

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

OWENS, TERRY L
19520 HERITAGE OAK BLVD.
PORT CHARLOTTE, FL 33948

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

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, 2006

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 PD
NAME COLSON, THOMAS ☐ Delete
STREET ADDRESS 1295 GREEN OAK TRAIL
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE MP
NAME Thomas Colson ☒ Change ☐ Addition
STREET ADDRESS 1295 Green Oak Trail
CITY-ST-ZIP Port Charlotte FL 33948

TITLE VD ☒ Delete
NAME BAUER, ED
STREET ADDRESS 1064 LIVE OAK CIRCLE
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE P
NAME Gene Chiocchi ☐ Change ☒ Addition
STREET ADDRESS 1184 Live Oak Circle #B17
CITY-ST-ZIP Port Charlotte FL 33948

TITLE S
NAME NEILL, CECIL ☐ Delete
STREET ADDRESS 1063 LIVE OAK CIRCLE
CITY-ST-ZIP PORT CHARLOTTE, FL 33948

TITLE T
NAME Russ Wills ☐ Change ☒ Addition
STREET ADDRESS 1544 Red Oak Lane #F57
CITY-ST-ZIP Port Charlotte FL 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Mike Corbett
STREET ADDRESS 1408 Red Oak Lane #D35
CITY-ST-ZIP Port Charlotte FL 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Nema Davis
STREET ADDRESS 1122 Green Oak Trail #F114
CITY-ST-ZIP Port Charlotte FL 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Donna Jean Tork
STREET ADDRESS 19275 Water Oak Dr #K302
CITY-ST-ZIP Port Charlotte FL 33948

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

Date

Daytime Phone #

EUGENE CHIOCCI EUGENE CHIOCCI 3/29/06 941-625-1237