

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90047 045 \*\*\*\*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**

**40016206**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152007

Chg-NP

CR2E037 (12/06)

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

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

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

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, 2007**

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	VP	<input checked="" type="checkbox"/> Delete
NAME	COLSON, THOMAS	
STREET ADDRESS	1295 GREEN OAK TRAIL	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHIOCCHI, GENE	
STREET ADDRESS	1184 LIVE OAK CIR 817	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NEILL, CECIL	
STREET ADDRESS	1063 LIVE OAK CIRCLE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIS, RUSS	
STREET ADDRESS	1544 RED OAK LANE F57	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORBETT, MIKE	
STREET ADDRESS	1408 RED OAK LANE D35	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, NEMA	
STREET ADDRESS	1122 GREEN OAK TRL F114	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William McIntyre	
STREET ADDRESS	19345 Water Oak Drive, #H201	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Rauch	
STREET ADDRESS	1378 Red Oak Lane, #D29	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lenwood Owens	
STREET ADDRESS	1447 Red Oak Lane, #E53	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell Willis	
STREET ADDRESS	1544 Red Oak Lane, #F57	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Hodgson	
STREET ADDRESS	1432 Winding Oak Drive, #130	
CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nema Davis	
STREET ADDRESS	1122 Green Oak Trail, #F114	
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 the rules and regulations of the Department of State 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 persons empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Date

Daytime Phone #

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# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N99000001979		
1. Entity Name HERITAGE OAK PARK COMMUNITY ASSOCIATION, INC.		

ATTACHMENT

40016206

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

01152007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0915835	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
OWENS, TERRY L 19520 HERITAGE OAK BLVD. PORT CHARLOTTE, FL 33948	

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, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE D	
NAME Donna Jean Tork	
STREET ADDRESS 19375 Water Oak Drive, K302	
CITY-ST-ZIP Port Charlotte, FL 33948	
TITLE	
NAME	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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