2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000001979

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



FILED Feb 13, 2007 8:00 am Secretary of State 02-13-2007 90047 045 ****61.25

19520 HERTIAGE DAK BLVD 19520 HERTIAGE DAK BLVD PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33						100	- T						
Suite, Apt. F, etc. Suite, Apt. F, etc.	Principal Place of Business 19520 HERITAGE OAK BLVD. PORT CHARLOTTE, FL 33948			19520 HERITAGE OAK BLVD.				40016206					
Suite, Apt. F, etc. Suite, Apt. F, etc.													
City & State Country Country Country Country Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent Name S. Name and Address of Current Registered Agent Name Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent Name Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent Name Stroot Address IP O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code S. The above named entity submits plus statement for the purpose of changing its registered agent, or bulk, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signary Agents on the State of Plorida. I am familiar with, and accept the bulk of the purpose of changing its registered agent, or bulk, in the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signary Agents on the State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signary Agents of Pool to State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signary Agents of Pool to State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signary Agents of Pool to State of Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signary Agents of Pool to State of Plorida Department of State obligations of registered agent. SIGNATURE Signary Agents of Pool to Plorida Department of State obligations of registered agent. SIGNATURE Signary Agents of Pool to Plorida Department of State obligations of registered agent. Signary Agents of Pool to Plorida Department of State obligations of registered agent. Signary Agents of Pool to Plorida Department of State obligations of registered agent. Sign	2. Principat Pl	lace of Business - No P.O. Box #	3. Mail	3. Mailing Address							3		
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OWENS, TERRY L Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	<u>.</u>	6. Name and Address of Current	Registere	d Agent		Name		7. Name and Add	ress of New Ro	egistered A	gent	-	
City	OWENS, T	ERRY L											
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, posedro printed name of registered agent and side if applicable. (NOTE, Repatiered Agent synature required when remissating) DATE						Street A	Address (P.O. Box Number is	Not Acceptable)			
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, posedro printed name of registered agent and side if applicable. (NOTE, Repatiered Agent synature required when remissating) DATE						City					Zip Code	a	
SIGNATURE Signature Signa										FL	2.5000	<u> </u>	
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Trust Fund Contribution. Added to Fees Florida Department of State		Signature, typed-or printed name of registered agent	and title il app	licable. (NO	TE. Registere	d Agent signa	ture required	d when reinstating)		DATE			
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NAME STREET ADDRESS CITY-ST-ZIP DAVIS, NEMA 1122 GREEN OAK TRL F114 PORT CHARLOTTE, FL 33948 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions CREMENTS of				☐ Delete			-Port C				Change	Addition	
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		I .			City	r-ST-ZIP	122 	Green Oak Tro	il, #F114				
	12. I hereby	certify that the information supplied with	n this filing	does not qualify f	or the ex-	emptions of				further certi	fy that the in	nformation	

changed, or on an attachment with an address, with all other

Page 2 of 2

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9900001979 1. Entity Name HERITAGE OAK PARK COMMUNITY ASSOCIATION, INC.						ATTACHMENT						
Principal Place of Business 19520 HERITAGE OAK BLVD. PORT CHARLOTTE, FL 33948 Mailing Address 19520 HERITAGE OAK BLVD. PORT CHARLOTTE, FL 33948 Mailing Address 19520 HERITAGE OAK BLVI PORT CHARLOTTE, FL 3394						H0016206						
2. Principal Place of Bus	iness - No P.O. Box #	3. Mailing	Address							187		
Suite, Apt. #, etc.		Suite, Apt. #. etc.				01152007 C	hg-NP	CR2E037	7 (12/06)			
City & State		City &	State			4. FEI Number 65-091583	35		 -	plied For t Applicable		
Zip	Country Zip			Country			Certificate of Status Desired					
6. Nam	e and Address of Current	Registered /	Agent		Name	7. Name and Add	ress of New R	egistered A	gent			
OWENS, TERRY L 19520 HERITAGE OAK BLVD. PORT CHARLOTTE, FL 33948					Street Address (P.O. Box Number is Not Acceptable)							
					City			FL	Zip Code	•		
8. The above named ent	ity submits this statement fo stered agent.	r the purpose	e of changing its r	egister	ed office or registe	ered agent, or both, in	the State of Flo		amillar with,	and accept		
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SIGNATURESignature, typ	ed or printed name of registered agent	and title it applica	ble. (NOTE	: Registere	ed Agent signature require	ed when reinstating)	<u> </u>	DATE	-			
	ee is \$61.25 May 1, 2007		9. Election Cam Trust Fund Ca			\$5.00 May Be Added to Fees	N Flo	lake check ida Depart	payable to	o ate		
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANG	通常协约了公司	Name of	1 1	. ** ** ** ** * * * * * * * * * * * * *		
NAME Donna Jo	ean Tork Mater Oak Drive, K3 Irlotte, FL 33948			TITL NAA STR	.E	7.15511671676171116	220 70 0 11102		☐ Change	Addition		
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indicated on this re of the corporation o	me information supplied will port or supplemental report r the receiver or trustee emp attachment with an address,	is true and according to each	ccurate and that recute this report	ny sign as requ	ature shall have the	e same legal effect a	s if made under	oath; that I a	am an office	r or director		

so to page 2

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Date

Date

Despire Phone #