

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90154 009 \*\*\*\*61.25

<b>DOCUMENT # N99000001979</b>					
<b>1. Entity Name</b> HERITAGE OAK PARK COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 19520 HERITAGE OAK BLVD. PORT CHARLOTTE, FL 33948			<b>Mailing Address</b> 19520 HERITAGE OAK BLVD. PORT CHARLOTTE, FL 33948		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> PO Box 380758			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> Murdock, FL		<b>4. FEI Number</b> 65-0915835	
<b>Zip</b>		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> OWENS, TERRY L 19520 HERITAGE OAK BLVD. PORT CHARLOTTE, FL 33948			<b>7. Name and Address of New Registered Agent</b> Name: The Gateway Group Street Address (P.O. Box Number is Not Acceptable): 1532 Rio De Janeiro Ave City: Punta Gorda FL Zip Code: 33983		
<b>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.</b>					
SIGNATURE: <i>Kristine Wishard</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		Kristine Wishard, Pres.		4/28/08 <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VPD <b>NAME</b> MCINTYRE, WILLIAM <b>STREET ADDRESS</b> 19345 WATER OAK DR., H201 <b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> McIntyre, William <b>STREET ADDRESS</b> PO Box 380758 <b>CITY-ST-ZIP</b> Murdock, FL 33938-0758	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> ROUCH, JACK <b>STREET ADDRESS</b> 1378 RED OAK LANE, D29 <b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPTD <b>NAME</b> Oppenheim, Don <b>STREET ADDRESS</b> PO Box 380758 <b>CITY-ST-ZIP</b> Murdock, FL 33938-0758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> OWENS, LENWOOD <b>STREET ADDRESS</b> 1447 RED OAK LANE, E53 <b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> Aucroft, Vera <b>STREET ADDRESS</b> PO Box 380758 <b>CITY-ST-ZIP</b> Murdock, FL 33938-0758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> WILLS, RUSSELL <b>STREET ADDRESS</b> 1544 RED OAK LANE F57 <b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Locke, Joan <b>STREET ADDRESS</b> PO Box 380758 <b>CITY-ST-ZIP</b> Murdock, FL 33938-0758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HODGSON, ALAN <b>STREET ADDRESS</b> 1432 WINDING OAK DR., 130 <b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Blake, Doug <b>STREET ADDRESS</b> PO Box 380758 <b>CITY-ST-ZIP</b> Murdock, FL 33938-0758	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> DAVIS, NEMA <b>STREET ADDRESS</b> 1122 GREEN OAK TRL F114 <b>CITY-ST-ZIP</b> PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>William McIntyre</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/08 <small>Date</small>		941-629-8190 <small>Daytime Phone #</small>