

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005142

FILED
Sep 03, 2006
Secretary of State

Entity Name: HERITAGE PARK FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 1473
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

PO BOX 1473
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3642843 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYES, TIMOTHY G
21859 SR 54 SUITE 200
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAYES, TIMOTHY
Address: 21859 STATE ROAD 54, SUITE 200
City-St-Zip: LUTZ, FL 33549

Title: DV () Delete
Name: CONOVER, KURT
Address: PO BOX 1478
City-St-Zip: LAND O LAKES, FL 34639

Title: DS () Delete
Name: HURLEY, JOANNE
Address: PO BOX 1379
City-St-Zip: LAND O LAKES, FL 34639

Title: DT () Delete
Name: COTTERILL, ALAN
Address: 5673 DREXEL ROAD
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALAN COTTERILL

DT

09/03/2006

Electronic Signature of Signing Officer or Director

Date