

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005142

FILED  
Mar 01, 2012  
Secretary of State

**Entity Name:** HERITAGE PARK FOUNDATION, INC.

**Current Principal Place of Business:**

5673 DREXEL RD  
LAND O LAKES, FL 34638

**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 ( )**

**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: TIMOTHY G. HAYES

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GRAVES, SANDY  
Address: P O BOX 653  
City-St-Zip: LAND O LAKES, FL 34639

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

Title: VP  
Name: HURLEY, JOANNE  
Address: PO BOX 1379  
City-St-Zip: LAND O LAKES, FL 34639

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

Title: DS  
Name: HAYES, TIMOTHY  
Address: 21859 SR 54  
City-St-Zip: LUTZ, FL 33549

I hereby 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 all other like empowered.

SIGNATURE: SANDY GRAVES

DP

03/01/2012

Electronic Signature of Signing Officer or Director

Date