

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748002

**Entity Name:** HERITAGE PINES IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

881 SW 55 TERRACE  
MARGATE, FL 33093-4796

**Current Mailing Address:**

P O BOX 93-4796  
MARGATE, FL 33093-4796 US

**FEI Number: 59-2122452**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BROUGH CHADROAL AND LEVINE P A  
2149 N COMMERCE PARKWAY  
WESTON, FL 33326 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            GENOVA, ANTHONY J.  
Address        881 SW 55 TERRACE  
City-State-Zip: MARGATE FL 33093-4796

Title            SECRETARY  
Name            SCHMIDT, DONNA  
Address        5524 SW 9 STREET  
City-State-Zip: MARGATE FL 33068

Title            DIRECTOR  
Name            DASILVA, ROLAND  
Address        5560 SW 8 PLACE  
City-State-Zip: MARGATE FL 33068

Title            DIRECTOR  
Name            BETTY, REID  
Address        851 SW 56 AVENUE  
City-State-Zip: MARGATE FL 33068

Title            DIRECTOR  
Name            O'HARE, JAMES  
Address        970 SW 55 AVENUE  
City-State-Zip: MARGATE FL 33068

*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: ANTHONY GENOVA**

**PRESIDENT /  
TREASURER**

**01/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date