# 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000007135

Entity Name: HERITAGE VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

FILED Nov 09, 2015 Secretary of State CC6210249716

## **Current Principal Place of Business:**

C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769

## **Current Mailing Address:**

C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769 US

FEI Number: 14-1858266 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BLUE WATER COMMUNITY MANAGEMENT C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769 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: DONNIE MARTINEZ 11/09/2015

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PD Title VD

Name SASAKI, DALE Name GRANGER, KEN

Address C/O BLUE WATER COMMUNITY Address C/O BLUE WATER COMMUNITY

MANAGEMENT MANAGEMENT

4735 OLD CANOE CREEK ROAD 4735 OLD CANOE CREEK ROAD

City-State-Zip: SAINT CLOUD FL 34769 City-State-Zip: SAINT CLOUD FL 34769

Title STD Title CHAIRMAN

Name SUAH, BEVERLY Name KLOSTERMAN, STEPHEN R

Address C/O BLUE WATER COMMUNITY Address C/O BLUE WATER COMMUNITY

MANAGEMENT MANAGEMENT

4735 OLD CANOE CREEK ROAD 4735 OLD CANOE CREEK ROAD

City-State-Zip: SAINT CLOUD FL 34769 City-State-Zip: SAINT CLOUD FL 34769

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.