

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001979

**Entity Name:** HERITAGE OAK PARK COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**19520 HERITAGE OAK BLVD.  
PORT CHARLOTTE, FL 33948**Current Mailing Address:**19520 HERITAGE OAK BLVD.  
PORT CHARLOTTE, FL 33948 US**FEI Number:** 65-0915835**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEVERN TRENT SERVICES, INC.  
19520 HERITAGE OAK BLVD.  
PORT CHARLOTTE, FL 33948 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
Name	MILANO, VIRGINIA
Address	19520 HERITAGE OAK BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	VP
Name	FASISKA, GAYLE
Address	19520 HERITAGE OAK BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	VP
Name	LOOMIS, ROGER
Address	19520 HERITAGE OAK BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	TREASURER
Name	BELL, PAT
Address	19520 HERITAGE OAK BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	DIRECTOR
Name	TINGLEY, ROBERT
Address	19520 HERITAGE OAK BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	DIRECTOR
Name	HORSMAN, STEVE
Address	19520 HERITAGE OAK BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	DIRECTOR
Name	SANDERS, JOHN
Address	19520 HERITAGE OAK BLVD.
City-State-Zip:	PORT CHARLOTTE FL 33948

*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:** VIRGINIA MILANO**PRESIDENT****04/28/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date