

**2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

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:**INFRAMARK, LLC  
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:** PHILLIP F. FILOSA, ESQ

03/03/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

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

Title            DIRECTOR  
Name            KENNEAVY, 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:** STEPHEN HORSMAN

PRESIDENT

03/03/2020

Electronic Signature of Signing Officer/Director Detail

Date