



## PASCO COUNTY, FLORIDA

DADE CITY (352) 521-4274  
LAND O'LAKES (813) 996-7341  
WEST PASCO (727) 847-8115  
FAX (727) 815-7010

COUNTY ADMINISTRATOR'S OFFICE  
WEST PASCO GOVERNMENT CENTER  
7530 LITTLE ROAD, SUITE 340  
NEW PORT RICHEY, FL 34654  
E-MAIL: [pcadmin@pascocountyfl.net](mailto:pcadmin@pascocountyfl.net)

*"Bringing Opportunities Home"*

April 15, 2010

Detective Roger Cockerill  
Pasco County Sheriff's Office  
8700 Citizens Drive  
New Port Richey, FL 34654

Dear Detective Cockerill:

Enclosed is a **new** application for a Class A bingo license for Fiscal Year 2009-2010 received from Heritage Lake Community Association. Please review this application and let me know your recommendation as soon as possible.

Thank you for your cooperation.

Sincerely,

Pauline Palmer  
Executive Secretary

JJG/ml/admdata/ppdata\bingo\new application

Enclosure

cc: Heritage Lake Community Association

*"Pasco County—Florida's premier county for balanced economic growth, environmental sustainability, and first-class services."*

CA10M-5044

TO: John J. Gallagher  
Pasco County Administrator

FROM: Detective Roger Cockerill  
Pasco County Sheriff's Office

DATE: 4/28/10

SUBJECT: Amended Pasco County Bingo Application

ORGANIZATION: Heritage Lake Community Assn

The recently-received amended bingo application of the above-named organization complies with the Pasco County Bingo Ordinance.

Respectfully:

  
Detective Roger Cockerill #639

RECEIVED

MAY 03 2010

COUNTY ADMINISTRATOR'S OFFICE

CENTRAL PERMITTING  
PASCO COUNTY, FLORIDA

DATE: 04/14/10 TIME: 11:01

PAGE: 1 OF 1

CONTRACTOR #: 999999

ISSUE OFFICE: N

NAME: HERITAGE LAKE COMMUNITY ASSOC

RECEIPT NUMBR: 01180134

ADDR: 9151 HERITAGE LAKE BLVD

OFFICE: NEW PORT RICHEY

C/ST: NPR FL 34655

FOR: BINGO

CHECK # 4485

CONTRACTOR: 999999

ACCT	COMPNY ACCOUNT	CENTER	AMOUNT	DESCRIPTION/PERMT DATA	DR/CR
			TOTAL AMOUNT:		
			50.00		
140	8001 - 329001 -	2	50.00	BINGO LICENSE FEE	60

RECEIVED BY



**PASCO COUNTY BINGO LICENSE APPLICATION**  
COUNTY ORDINANCE 92-15, AS AMENDED  
LICENSE APPLIED FOR   A    B    BOTH **X**

APPLICANT: Individual    Unincorporated Organization    Corporation **X**

1. Address of site to be used for bingo games.

9151 HERITAGE LAKE BLVD.  
NEWPORT RICHEY, FL 34655

2. Owner of building to be used for bingo--

Owner's Name: HERITAGE LAKE COMMUNITY ASSOCIATION

Address: 9151 HERITAGE LAKE BLVD  
NEWPORT RICHEY, FL 34655  
727- 376- 0021

3. If leased from the above-listed owner, what name did you use on the lease agreement?  
ATTACH COPY OF SIGNED AGREEMENT.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

4. If the site is subleased to, assigned to, or an agreement to use, the premises for bingo by another, provide the name of the "charitable organization", "authorized organization" or "associational group or organization", using the site, name the organization. ATTACH COPY OF EXECUTED SUBLEASE OR AGREEMENT.

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

5. If your organization is leasing the premises from another nonprofit organization, provide the name of that organization, the class, and date of issuance of the license held by that organization. ATTACH COPY OF EXECUTED LEASE AGREEMENT.

Leasing Organization: \_\_\_\_\_

Address: \_\_\_\_\_

License Class: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Current Phone # \_\_\_\_\_

6. Name the "charitable organization", "authorized organization", and "associational group or organization", or "individual" operating bingo games at the site.

Name of Organization: \_\_\_\_\_

Individual Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Individual Home Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Current Phone # \_\_\_\_\_

7. Name the corporate, organizational, or principal officers of your organization.

IF APPLICANT IS A CORPORATION, ATTACH COPIES OF ARTICLES OF INCORPORATION WITH ALL AMENDMENTS THERETO AND THE CHARTER ISSUED BY THE SECRETARY OF STATE. IF APPLICANT IS AN UNINCORPORATED ORGANIZATION, ATTACH COPIES OF THE ORGANIZATION'S CONSTITUTION AND BY-LAWS.

UPON ANSWERING THE FOLLOWING QUESTIONS, THE OFFICERS LISTED BELOW MUST SIGN AND ATTEST TO THEIR ACCURACY.

(1) Bingo Chairman, ~~Manager~~, ~~Organizer~~, or ~~Individual~~ (Circle one)

Name: MARY L. FORD Date of Birth: [REDACTED]

Driver's License # [REDACTED]

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state? Yes \_\_\_\_ No X If yes, provide the particular criminal act, location and date.

Address (last five years) and current phone # 727- 372- 0301  
4605 SAND POINTE NEW PORT RICHEY, FL 34655

Are you a U.S. citizen? Yes X No \_\_\_\_

If naturalized citizen, state date and location. \_\_\_\_\_

Signed: Mary L Ford

Print Name: MARY L. FORD

(2) President/Chairman of Organization

Name: CARL J. ANNALORA Date of Birth: [REDACTED]  
Driver's License # [REDACTED]

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state? Yes      No X If yes, provide the particular criminal act, location and date.

4817 PORTLAND MANOR DR

Address (last five years) and current phone # 727-376-1313  
4817 PORTLAND MANOR DR NEWPORT RICHEY FL 34655

Are you a U.S. citizen? Yes X No     

If naturalized citizen, state date and location.     

Signed: [Signature]

Print Name: CARL J. ANNALORA

(3) Vice President/Partner of Organization

Name: ROBERT P. ROCK Date of Birth: [REDACTED]

Driver's License # [REDACTED]

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state? Yes      No X If yes, provide the particular criminal act, location and date.

Address (last five years) and current phone # 727-375-8401  
9417 STONEWALL LN NEWPORT RICHEY, FL 34655

Are you a U.S. citizen? Yes X No     

If naturalized citizen, state date and location.     

Signed: [Signature]

Print Name: ROBERT P. ROCK

~~ASSISTANT~~  
(4) Treasurer/Bookkeeper - CFO for the Organization

Name: PATRICIA F SMITH Date of Birth: [REDACTED]  
Driver's License # [REDACTED]

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state? Yes      No X If yes, provide the particular criminal act, location and date.

Address (last five years) and current phone # 727-375-9157  
4654 SHEFFIELD DR NEWPORT RICHEY FL 34655

Are you a U.S. citizen? Yes X No     

If naturalized citizen, state date and location.     

Signed: Patricia F. Smith  
Print Name: PATRICIA F. SMITH

(5) Registered Agent/Designated Representative, or Individual

Name: HELENE M. DELISLE Date of Birth: [REDACTED]  
Driver's License # [REDACTED]

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state? Yes      No X If yes, provide the particular criminal act, location and date.

Address (last five years) and current phone # 727-376-4324  
4971 BELLMEADE BLVD, NEWPORT RICHEY FL 34655

Are you a U.S. citizen? Yes X No     

If naturalized citizen, state date and location.     

Signed: X Helene M. Delisle  
Print Name: HELENE M DELISLE

**(6) Secretary of Organization**

Name: Elizabeth Conlan Date of Birth: [REDACTED]  
Driver's License # [REDACTED]

Have you ever been convicted of any misdemeanor involving theft, illegal gambling, or any felony in Florida, the United States, or any other state? Yes      No X If yes, provide the particular criminal act, location and date.

\_\_\_\_\_

Address (last five years) and current phone #  
4704 La Cross St. New Port Richey FL 34655  
(727) 372-4744

Are you a U.S. citizen? Yes X No     

If not a U.S. citizen, state date and location. \_\_\_\_\_

\_\_\_\_\_

Signed: Elizabeth Conlan  
Print Name: Elizabeth CONLAN

8. Provide proof of nonprofit status, attach copies of your 501(c) of the IRC of 1954 or s528 of the IRC of 1986, as amended. (not needed if an associational group)
9. Provide documentary evidence of the organization existence within Pasco County for no less than three years, i.e., corporate charter, partnership agreement, occupational license. ATTACH COPIES.
10. If your organization is a branch, chapter, lodge, or local unit of a "charitable organization", "authorized organization", or "associational group or organization", provide the primary or parent organization.

Name of Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Current Phone # \_\_\_\_\_

11. Check days on which bingo games will be held: (Do Not Check More Than Two)
- |                       |                    |                      |
|-----------------------|--------------------|----------------------|
| Monday <u>    </u>    | Thursday <u>X</u>  | Saturday <u>    </u> |
| Tuesday <u>    </u>   | Friday <u>    </u> | Sunday <u>    </u>   |
| Wednesday <u>    </u> |                    |                      |



12. Has your organization applied for a Municipal or County license to conduct bingo or to lease premises for the conduct of bingo in any other municipality or county?  
Yes \_\_\_\_\_ No X If yes, has that license ever been suspended or revoked?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide date and location.  
\_\_\_\_\_

13. List the bank account number in which the proceeds from bingo or from the lease of any premises for the conduct of bingo will be deposited.

Name of Bank/Branch location MERCANTILE BANK LITTLE ROCK OLD RT-54

Account Number \_\_\_\_\_

Signer MARY L. FORD Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Address 4605 SAND POINTE DR NEWPORT RICHEY, FL 34655

Signer ROBERT P. ROCK Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Address 9417 STONEWALL LN  
NEWPORT RICHEY, FL 34655

14. If you are renewing your County license, complete the annual financial statements for your organization on the financial statement forms which are approved and provided. Also enclosed, you will find an affidavit to be completed if there **have been no changes** in your Board of Directors. The use of this form will assist in an automatic renewal of your license.

If there **has been** a change or changes in your Board membership or organization, a new application will need to be completed and submitted for approval by the County Administrator, or his designee.

15. Attach a list of the charitable organization members who will be working as volunteers at the bingo games. These volunteers must be members of the charitable organization for at least one month prior to being listed. This list must be updated at the time of any change in volunteers and kept on the premises.

16. THE FOLLOWING STATEMENT MUST BE READ AND SWORN TO BY TWO "PRINCIPAL OFFICERS" OF THE ORGANIZATION.

WE HEREBY AUTHORIZE THE PASCO COUNTY SHERIFF'S OFFICE TO CONDUCT AN INVESTIGATION AND OBTAIN ANY AND ALL DOCUMENTS AND RECORDS NECESSARY TO VERIFY ANY INFORMATION PROVIDED IN THIS APPLICATION. WE HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND ATTACHMENTS ARE TO THE BEST OF OUR KNOWLEDGE TRUE AND ACCURATE. WE UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION OF FACT IN THIS APPLICATION SHALL RESULT IN THE DENIAL OF A LICENSE, OR IF IT HAS BEEN ISSUED, THE BOARD OF COUNTY COMMISSIONERS MAY SUSPEND OR REVOKE THE LICENSE. WE ALSO UNDERSTAND THAT THE PREMISES, DOCUMENTS, AND RECORDS WILL BE INSPECTED BY REPRESENTATIVES OF THE SHERIFF, AND WE HEREBY CONSENT TO SUCH INSPECTIONS.

WE ACKNOWLEDGE RECEIPT OF A COPY OF PASCO COUNTY ORDINANCE # 92-15, AS AMENDED, AND DO HEREBY CERTIFY THAT WE HAVE READ AND UNDERSTAND THE CONTENTS THEREOF. WE UNDERSTAND THAT ANY VIOLATION OR NON-COMPLIANCE WITH THE AFOREMENTIONED ORDINANCE WILL RESULT IN THE SUSPENSION OR REVOCATION OF OUR LICENSE AND/OR ANY PRESCRIBED PENALTIES SET FORTH BY THIS ORDINANCE OR APPLICABLE LAWS. WE HEREBY AGREE TO UPDATE OR AMEND THIS APPLICATION AND/OR MEMBER VOLUNTEER LIST IN A TIMELY MANNER AS CHANGES OCCUR, AND TO SUBMIT A COPY OF ANY LEASE, SUBLEASE, OR RENTAL AGREEMENT ENTERED INTO DURING THE TIME THE LICENSE IS IN EFFECT.

- (Must be signed by TWO principal officers and notarized.)
1. Name CARL J. ANNALORA Title PRESIDENT  
Address 4817 PORTLAND MANOR DR  
NEWPORT RICHEY FL 34655 Current Phone # 727-376-1313  
Driver's License # [REDACTED] Date of Birth [REDACTED]
  2. Name ROBERT P. ROCK Title 1ST VICE PRESIDENT  
Address 9417 STONEWALL LN  
NEWPORT RICHEY, FL 34655 Current Phone # 727-375-8401  
Driver's License # [REDACTED] Date of Birth [REDACTED]

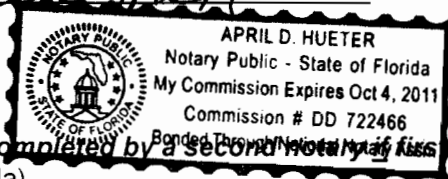
State of Florida)  
County of Pasco)

The foregoing instrument was acknowledged before me this 9th day of APRIL, 2010, by CARL ANNALORA + ROBERT ROCK, who is personally known to me (or has produced as identification) and who did (did not) take an oath.

APRIL D. HUETER  
Notary Public

APRIL D. HUETER  
Print Name

Seal



(To be completed by a second notary if this notary is not notarizing BOTH signatures.)

State of Florida)  
County of Pasco)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me (or who has produced \_\_\_\_\_ as identification) and who did (did not) take an oath.

Notary Public  
Seal

Print Name

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755973

FILED  
Mar 30, 2010  
Secretary of State

**Entity Name:** HERITAGE LAKE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

9151 HERITAGE LAKE BLVD  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

9151 HERITAGE LAKE BLVD  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

FEI Number: 59-2055139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROCK, ROBERT  
9151 HERITAGE LAKE BLVD.  
NEW PORT RICHEY, FL 34655 US

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

ANNALORA, CARL J  
9151 HERITAGE LAKE BLVD.  
NEW PORT RICHEY, FL 34655 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: CARL J ANNALORA

03/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ASD  
Name: PIETRZAK, MARY  
Address: 9151 HERITAGE LAKE BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D  
Name: SMITH, ROBERT  
Address: 9151 HERITAGE LAKE BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D  
Name: SQUILLANTE, LUIGI  
Address: 9151 HERITAGE LAKE BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD  
Name: NORTON, RICHARD  
Address: 9151 HERITAGE LAKE BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: PD  
Name: ANNALORA, CARL J  
Address: 9151 HERITAGE LAKE BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: SD  
Name: CONLAN, ELIZABETH  
Address: 9151 HERITAGE LAKE BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34655

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: CARL J ANNALORA

PD

03/30/2010

Electronic Signature of Signing Officer or Director

Date