



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

"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,

A handwritten signature in cursive script that appears to read "Pauline Palmer".

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: Holiday Lake Community P&P

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

COUNTYADMIN OFFICE

CENTRAL PERMITTING
PASCO COUNTY, FLORIDA

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

PAGE: 1 OF 1

ISSUE OFFICE: N

RECEIPT NUMBR: 01180134

OFFICE: NEW PORT RICHEY

CONTRACTOR #: 999999

NAME: HERITAGE LAKE COMMUNITY ASSOC

ADDR: 9151 HERITAGE LAKE BLVD

C/ST: NPR FL 34655

FOR: BINGO

CHECK # 4485

CONTRACTOR: 999999

TOTAL AMOUNT: 50.00

ACCT	COMPANY	ACCOUNT	CENTER	AMOUNT	DESCRIPTION/PERMT	DATA	DR/CR
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**

APPLICANT: Individual Unincorporated Organization Corporation

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, Treasurer, Manager, Organizer, or Individual (Circle one)

Name: MARY L. FORD Date of Birth: _____

Driver's License #: _____

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: CHARLIE ANN ALOR Date of Birth: 10/10/1981

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 AVENUE DR

Address (last five years) and current phone # 727-376-1313

4817 PORTLAND MANOR DR NEWPORT RICHARDSON 34655

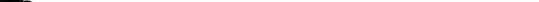
Are you a U.S. citizen? Yes X No _____

If naturalized citizen, state date and location

Signed

Print Name: CARL J ANVOLRA

(3) Vice President/Partner of Organization

Driver's License # 

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 If yes, provide the particular criminal act, location and date.

Address (last five years) and current phone # 727-375-8401

9417 STONEWALL LN NEW PORT RICHEY, FL 34655

Are you a U.S. citizen? Yes X No _____

If naturalized citizen, state date and location. _____

Signed: Richard Rose

Print Name: ROBERT P. ROCK

~~REDACTED~~
(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 NEW PORT 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 BELMONT 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

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 If yes, provide the particular criminal act, location and date.

Address (last five years) and current phone #

4704 La Crosse St. - Paul Part 1 - FL 34655
(727) 372-4744

Are you a U.S. citizen? Yes No

If naturalized citizen, state date and location.

Signed: Elizabeth Coolan

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)

Tuesday Friday Sunday

Wednesday _____

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 Rd & Old RT-54

Account Number _____

Signer MARY L. FORD Date of Birth _____

Driver's License # _____

Address 4605 SAMS Pointe Dr NEW PORT RICHEY, FL 34655

Signer ROBERT P. Rock Date of Birth 5 _____

Driver's License # _____

Address 9417 STONEWALL LN
NEW PORT 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.

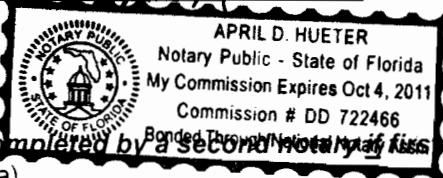
WE ACKNOWLEDGE RECEIPT OF A COPY OF PASCO COUNTY ORDINANCE # 92-15, AS AMENDED, AND DO HEREBY CERTIFY THAT WE HAVE READ AND UNDERSTAND THE CONTENTS THEREOF. WE UNDERSTAND THAT ANY VIOLATION OR NON-COMPLIANCE WITH THE AFOREMENTIONED ORDINANCE WILL RESULT IN THE SUSPENSION OR REVOCATION OF OUR LICENSE 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, SUBLICENSE, OR RENTAL AGREEMENT ENTERED INTO DURING THE TIME THE LICENSE IS IN EFFECT.

2. Name ROBERT P. ROCK Title 1ST VICE PRESIDENT
Address 9417 STONEWALL LN
NEW PORT RICHEY, FL 34655 Current Phone # 727-375-8401
Driver's License # ██ Date of Birth ██

State of Florida)
County of Pasco)

The foregoing instrument was acknowledged before me this 9th day of April, 2010, by
Carl Annabre & Robert Focis, who is personally known to me (or has produced
as identification) and who did (did not) take an oath.

~~Notary Public~~



State of Florida)
County of Pasco)

County of Pasco)

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