FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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95 MAY -1 AM 8:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747350** **(7)**

1. Corporation Name

HERITAGE SQUARE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 570063, N/A MIAMI FL 33257-0063 US	P.O. BOX 570063, N/A MIAMI FL 33257-0063 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/1979**
3a. Date of Last Report: **02/25/1994**
4. FEI Number: **59-1858428** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

MARGOLIS, JOHN
9040 SUNSET DRIVE
SUITE 40
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mail/delivery)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	SCHUMACHER, MICHAEL	12 NAME	Victoria Garland
STREET ADDRESS	17190 SE 94TH AVE, SUITE 908	13 STREET ADDRESS	9400 SW 170ST #103
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI Fla 33157
TITLE	VPD	21 TITLE	VPD ☒ Change ☐ Addition
NAME	HERRERA, LINDA	22 NAME	Bonnie Lehr
STREET ADDRESS	17120 SW 94TH AVE, SUITE 402	23 STREET ADDRESS	17180 SW 94ave #701
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Miami, Fla 33157
TITLE	TD	31 TITLE	TD ☒ Change ☐ Addition
NAME	ROGERS, DARLENE	32 NAME	Bernhard TJOE-FAT
STREET ADDRESS	17160 SW 94TH AVENUE, SUITE 603	33 STREET ADDRESS	9430 SW 170ST #304
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Miami Fla 33157
TITLE		41 TITLE	SD ☒ Change ☐ Addition
NAME		42 NAME	Scott Nesenman
STREET ADDRESS		43 STREET ADDRESS	17100 SW 94ave #503
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami Fla 33157
TITLE		51 TITLE	D ☒ Change ☐ Addition
NAME		52 NAME	Robert Freeman
STREET ADDRESS		53 STREET ADDRESS	9430 SW 170ST #301
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami Fla 33157
TITLE		61 TITLE	D ☐ Change ☐ Addition
NAME		62 NAME	Michael Schumacher
STREET ADDRESS		63 STREET ADDRESS	17190 SW 94ave #908
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami Fla 33157

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Victoria Garland 5-1-95 597-1790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007P000