

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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 570363, N/A  
MIAMI FL 33257-0363  
US

% LAKEVIEW MANAGEMENT, INC.  
13388 S.W. 128TH STREET  
MIAMI FL 33186



3. Date Incorporated or Qualified  
05/24/1979

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business 2a. Mailing Address

21 c/o LAKEVIEW MANAGEMENT

26

4. FEI Number  
59-1858428

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 13388SW 128 STREET

27

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State

City & State

23 MIAMI FLORIDA

28

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip  
24 33186

Country  
25 DADE

Zip

Country  
30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, MARIO  
800 BRICKELL AVENUE  
MIAMI FL 33131

81 Name  
GLEN COLVIN, c/o LAKEVIEW MANAGEMENT

82 Street Address (P.O. Box Number is Not Acceptable)  
13388 SW 128 STREET

83

84 City  
MIAMI

FL 85 Zip Code  
33186

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE

*Glen A Colvin*

Glen A Colvin, CAM

21 February 1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME GARLAND, VICTORIA  
STREET ADDRESS 9400 SW 170ST 103  
CITY-ST-ZIP MIAMI FL

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME GARLAND, VICTORIA  
1.3 STREET ADDRESS 17230 SW93 AVENUE  
1.4 CITY-ST-ZIP MIAMI, FL 33155

TITLE VPD ☐ DELETE  
NAME LEHR, BONNIE  
STREET ADDRESS 17180 SW 94TH AVE 701  
CITY-ST-ZIP MIAMI FL

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME LEHR, BONNIE  
2.3 STREET ADDRESS 17180 SW 94 Avenue#701  
2.4 CITY-ST-ZIP MIAMI, FL 33155

TITLE TD ☒ DELETE  
NAME BERNHARD, T JOE-FAT  
STREET ADDRESS 9430 SW 170ST 804  
CITY-ST-ZIP MIAMI FL

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME SAPAH-GULIAN, DAN  
3.3 STREET ADDRESS 17160 SW 94 AVENUE #606  
3.4 CITY-ST-ZIP MIAMI, FL 33155

TITLE SD ☒ DELETE  
NAME MESEMAN, SCOTT  
STREET ADDRESS 17100 SW 94TH AVE 503  
CITY-ST-ZIP MIAMI FL

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME LEACOCK, JUDITH  
4.3 STREET ADDRESS 17180 SW 94 AVENUE # 805  
4.4 CITY-ST-ZIP MIAMI, FL 33155

TITLE D ☐ DELETE  
NAME FREEMAN, ROBERT  
STREET ADDRESS 9430 SW 170TH ST 301  
CITY-ST-ZIP MIAMI FL

5.1 TITLE VPD ☒ Change ☐ Addition  
5.2 NAME FREEMAN, ROBERT  
5.3 STREET ADDRESS 9430 SW 170 Street # 301  
5.4 CITY-ST-ZIP MIAMI, FL 33155

TITLE D ☒ DELETE  
NAME SCHUMAKER, MICHAEL  
STREET ADDRESS 17190 SW 94TH AVE 908  
CITY-ST-ZIP MIAMI FL

6.1 TITLE DT ☐ Change ☒ Addition  
6.2 NAME BORDAS, FRANCIA  
6.3 STREET ADDRESS 9400 SW 170 Street # 107  
6.4 CITY-ST-ZIP MIAMI, FL 33155

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)(k), 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:

*Bonnie Lehr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BONNIE LEHR 21 MARCH 1996  
Date Daytime Phone #

CR2E037 (12/95)