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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747350 (7)

1. Corporation Name

HERITAGE SQUARE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

G/O LAKEVIEW MANAGEMENT
13388 SW 128 STREET
MIAMI FL 33186
US

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

3. Date Incorporated or Qualified

05/24/1979

4. FEI Number

59-1858428

Applied For

Not Applicable

2. Principal Place of Business

21 17000 SW 94 AVE.

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33157

Country

25 USA

2a. Mailing Address

28 PO Box 571140

Suite, Apt. #, etc.

27

City & State

28 MIAMI

Zip

29 33257-1140

Country

30 USA

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAKEVIEW MANAGEMENT
GLEN COLVIN
13388 SW 128 STREET
MIAMI FL 33186

81 Name B. JAY GLADWELL

82 Street Address (P.O. Box Number is Not Acceptable)
17180 SW 94 AVE. #702

83

84 City MIAMI

FL

85 Zip Code 33157

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

B. Jay Gladwell

B. JAY GLADWELL

02-03-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

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

TITLE SD ☐ DELETE

NAME LEACOCK, JUDITH
STREET ADDRESS 17180 SW 94 AVENUE #805
CITY-ST-ZIP MIAMI FL

TITLE DT ☒ DELETE

NAME DORDAS, FRANCA
STREET ADDRESS 9400 SW 170 STREET #107
CITY-ST-ZIP MIAMI FL

TITLE VPD ☒ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 3 ☐ Change ☒ Addition

1.2 NAME B. JAY GLADWELL
1.3 STREET ADDRESS 17180 SW 94 AVE 702
1.4 CITY-ST-ZIP MIAMI, FL 33157

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 1 BONNIE LEHR
2.3 STREET ADDRESS 17180 SW 94 AVE 701
2.4 CITY-ST-ZIP MIAMI, FL 33157

3.1 TITLE 2 ☒ Change ☐ Addition

3.2 NAME JUDITH LEACOCK
3.3 STREET ADDRESS 17180 SW 94 AVE 805
3.4 CITY-ST-ZIP MIAMI, FL 33157

4.1 TITLE 4 ☐ Change ☒ Addition

4.2 NAME ASST. SEC/TRES. - D
4.3 STREET ADDRESS JOE COLON
17190 SW 94 AVE 907
4.4 CITY-ST-ZIP MIAMI, FL 33157

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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: B. Jay Gladwell B. JAY GLADWELL 02-03-98 305-378-4462

CR2E037 (10/97)