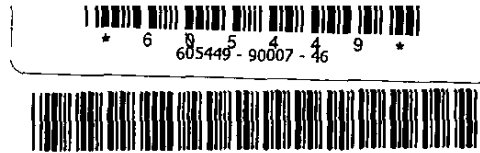


FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90019 024 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 747350 ✓					
1. Corporation Name HERITAGE SQUARE ASSOCIATION, INC.					
Principal Place of Business 17000 SW 94 AVE MIAMI FL 33157 US			Mailing Address P.O. BOX 571140 MIAMI FL 33257-1140		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/24/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1858428	
24 Country		30 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GLADWELL, B. JAY 17180 SW 94 AVE. #702 MIAMI FL 33157				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VCD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	LEHR, BONNIE			1.2 NAME			
STREET ADDRESS	17180 SW 94TH AVE., 701			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			1.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	LEACOCK, JUDITH			2.2 NAME			
STREET ADDRESS	17180 SW 94 AVENUE #805			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			2.4 CITY-ST-ZIP			
TITLE	BCD	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	GLADWELL, B. JAY			3.2 NAME			
STREET ADDRESS	17180 SW 94 AVE, 702			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			3.4 CITY-ST-ZIP			
TITLE	ASTD	☒ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	COLON, JOE			4.2 NAME			
STREET ADDRESS	17190 SW 94 AVE., 907			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8 99

305 955 7838

Date

Daytime Phone #

CR2E037 (5/99)