

FILE NOW: FILING FEE IS \$61.25...

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 748002 (3)
1. Corporation Name
HERITAGE PINES IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business Mailing Address
PO BOX 93-4368 PO BOX 93-4368
MARGATE FL 33093 MARGATE FL 33093
US US

3. Date Incorporated or Qualified 07/03/1979 3a. Date of Last Report 04/25/1995
4. FEI Number 59-2122452 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRALEY, STEPHEN J.
ATTORNEY AT LAW
3890 SHERIDAN STREET STE 109
HOLLYWOOD FL 33021

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 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: Stephen J. Straley, Esq.
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 NAME STREET ADDRESS CITY-ST-ZIP
PD VAN HOUTTEGHEM, GREG 5571 SW 9TH CT. MARGATE FL
SD RICHARDSON, SANDY 884 SW 55TH TERR. MARGATE FL
TD STRAUSS, DOLORES 5571 SW 10TH PL. MARGATE FL
BMD CATLIN, JODY 932 SW 58TH AVE. MARGATE FL
BMD RICHARDSON, SANDY 884 SW 55 TERR MARGATE FL
Vice President ☒ Addition ☐ DELETE
NAME Sultzer, Charles
STREET ADDRESS 891 SW 55 Terr
CITY-ST-ZIP MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Board Member ☐ Change ☒ Addition
1.2 NAME Jo Ann ~~Richardson~~ Szczeda
1.3 STREET ADDRESS 898 SW 55 Terr
1.4 CITY-ST-ZIP MARGATE FL
2.1 TITLE Board Member ☐ Change ☒ Addition
2.2 NAME Jane DaSilva
2.3 STREET ADDRESS 5560 SW 8 Place
2.4 CITY-ST-ZIP MARGATE FL
3.1 TITLE Board Member ☐ Change ☒ Addition
3.2 NAME Rachelle Schnipper
3.3 STREET ADDRESS 850 SW 56 Ave
3.4 CITY-ST-ZIP MARGATE FL
4.1 TITLE Board Member ☐ Change ☒ Addition
4.2 NAME Irvana Jimenez
4.3 STREET ADDRESS 5527 SW 8 Place
4.4 CITY-ST-ZIP MARGATE FL
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Sandra L. Richardson Sandra L. Richardson, Sec. 4/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (12/95)