


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748002 (3) 1. Corporation Name HERITAGE PINES IMPROVEMENT ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
PO BOX 93-4368 MARGATE FL 33093 US		PO BOX 93-4368 MARGATE FL 33093-4368 US	
2. Principal Place of Business		3a. Date of Last Report	
21		05/01/1996	
22 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		59-2122452	
24 Zip		5. Certificate of Status Desired	
25 Country		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		6. Election Campaign Financing	
27		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	
28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
30		10. Name and Address of New Registered Agent	
31		81 Name	
32		82 Street Address (P.O. Box Number is Not Acceptable)	
33		83	
34		84 City	
35		85 Zip Code	
9. Name and Address of Current Registered Agent STRALEY, STEPHEN J. ATTORNEY AT LAW 3990 SHERIDAN STREET STE 109 HOLLYWOOD FL 33021			
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			
(NOTE: Registered Agent signature required when reinstating)			
DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	SZOZDA, JO ANN		1.1 TITLE
STREET ADDRESS	898 SW 55 TERR.		1.2 NAME
CITY-ST-ZIP	MARGATE FL		1.3 STREET ADDRESS
			1.4 CITY-ST-ZIP
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	DASILVIA, JANE		2.2 NAME
STREET ADDRESS	5580 SW 8 PLACE		2.3 STREET ADDRESS
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	SCHIPPER, ROCHELLE		3.2 NAME
STREET ADDRESS	850 SW 56 AVE.		3.3 STREET ADDRESS
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP
TITLE	BMD	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	JIMENEZ, IRVANA		4.2 NAME
STREET ADDRESS	5527 SW 8 PLACE		4.3 STREET ADDRESS
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP
TITLE	BMD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE
NAME	RICHARDSON, SANDY		5.2 NAME
STREET ADDRESS	884 SW 55 TERR		5.3 STREET ADDRESS
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP
TITLE	VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME	SULTZER, CHARLES		6.2 NAME
STREET ADDRESS	891 SW 55 TERR.		6.3 STREET ADDRESS
CITY-ST-ZIP	MARGATE FL		6.4 CITY-ST-ZIP
14. I do 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: <i>Sandra B. Northam</i> 4/21/97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)