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Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 US

3. Date Incorporated or Qualified: 07/03/1979

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

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

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

9. Name and Address of Current Registered Agent

STRALEY, STEPHEN J.
ATTORNEY AT LAW
3990 SHERIDAN STREET STE 109
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	OSBORN, TOM		1.2 NAME	DAVID HARSHBARGER	
STREET ADDRESS	5512 SW 9 PLACE		1.3 STREET ADDRESS	5522 SW 9TH PLACE	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	MARGATE, FL. 33068	
TITLE	~~VP~~ D	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	KIRBY, JAMES		2.2 NAME	JAMES M. ENO	
STREET ADDRESS	5523 SW 9 PLACE		2.3 STREET ADDRESS	900 SW 56TH AVE	
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP	MARGATE, FL. 33068	
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	STRAUSS, DOLORES		3.2 NAME	CHRIS BARDELANG	
STREET ADDRESS	5571 SW 10 PLACE		3.3 STREET ADDRESS	894 SW 55TH TERRACE	
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	MARGATE, FL. 33068	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	HIEL, AL		4.2 NAME	NADINE NATWICK	
STREET ADDRESS	5521 SW 10 CT		4.3 STREET ADDRESS	5517 SW 8TH PLACE	
CITY-ST-ZIP	MARGATE FL		4.4 CITY-ST-ZIP	MARGATE, FL. 33068	
TITLE	~~S~~ D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	RICHARDSON, SANDY		5.2 NAME	ANN REYNOLDS	
STREET ADDRESS	884 SW 55 TERR		5.3 STREET ADDRESS	967 SW 56TH AVE	
CITY-ST-ZIP	MARGATE FL		5.4 CITY-ST-ZIP	MARGATE, FL. 33068	
TITLE	P	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	SULTZER, CHARLES		6.2 NAME	DAVID ALLISON	
STREET ADDRESS	891 SW 55 TERR.		6.3 STREET ADDRESS	5571 SW 10TH PLACE	
CITY-ST-ZIP	MARGATE FL		6.4 CITY-ST-ZIP	MARGATE, FL. 33068	

CR2E037 (10/97)

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: James M. Eno JAMES M. ENO 3/13/98 (954) 968-3437

ATTACHMENT TO NONPROFIT CORPORATION ANNUAL REPORT
DOCUMENT # 748002 (3)
HERITAGE PINES IMPROVEMENT ASSOCIATION, INC.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	☐ DELETE	1.1 TITLE	D	☐ Change	☒ Addition
NAME		1.2 NAME	JOE RUGGIERO		
STREET ADDRESS		1.3 STREET ADDRESS	5571 SW 10TH ST.		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MARGATE, FL. 33068		
TITLE	☐ DELETE	2.1 TITLE	D	☐ Change	☒ Addition
NAME		2.2 NAME	IRVONA JIMENEZ		
STREET ADDRESS		2.3 STREET ADDRESS	5527 SW 9TH PLACE		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MARGATE, FL. 33068		
TITLE	☐ DELETE	3.1 TITLE	D	☒ Change	☐ Addition
NAME		3.2 NAME	KIRBY, JAMES		
STREET ADDRESS		3.3 STREET ADDRESS	5523 SW 9TH PLACE		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MARGATE, FL. 33068		
TITLE	☐ DELETE	4.1 TITLE	D	☒ Change	☐ Addition
NAME		4.2 NAME	RICHARDSON, SANDY		
STREET ADDRESS		4.3 STREET ADDRESS	884 SW 55TH TERRACE		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MARGATE, FL. 33068		
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		6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

SIGNATURE James M. Eno James M. Eno 3/13/98 (954) 968-3437