

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 748002**

1. Corporation Name

HERITAGE PINES IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

PO BOX 93-4368
MARGATE FL 33093
US

Mailing Address

PO BOX 93-4368
MARGATE FL 33093
US**FILED**
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90002 010 ****61.25



2. Principal Place of Business

21 **PO Box 93-4796**

Suite, Apt. #, etc.

22 **MARGATE FL 33093-4796**

City & State

23 **33093-4796 US**

Zip Country

24

2a. Mailing Address

26 **PO Box 93-4796**

Suite, Apt. #, etc.

27 **MARGATE FL**

City & State

28 **33093-4796 US**

Zip Country

29

30

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 Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STRALEY, STEPHEN J.
ATTORNEY AT LAW
3990 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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
OSBORN, TOM
5512 SW 9 PLACE
MARGATE FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
D
KIRBY, JAMES
5523 SW 9 PLACE
MARGATE FLTITLE ☒ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
T
BARDELANG, CHRIS
894 SW 55TH TERR
MARGATE FL 33068TITLE ☒ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
D
HIEL, AL
5521 SW 10 CT
MARGATE FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
D
REYNOLDS, ANN
967 SW 56TH AVE
MARGATE FL 33068TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP
P
SULTZER, CHARLES
891 SW 55 TERR.
MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition1.2 NAME
VP
DASILVA, JANE1.3 STREET ADDRESS
5560 SW 8 PL1.4 CITY-ST-ZIP
MARGATE FL 330682.1 TITLE ☐ Change ☒ Addition2.2 NAME
B
MANLEY, JUDITH2.3 STREET ADDRESS
1040 SW 55 WAY2.4 CITY-ST-ZIP
MARGATE FL 330683.1 TITLE ☒ Change ☐ Addition3.2 NAME
T
ENO, JAMES3.3 STREET ADDRESS
900 SW 56 AVE3.4 CITY-ST-ZIP
MARGATE FL 330684.1 TITLE ☐ Change ☒ Addition4.2 NAME
D
ANTHONY, IVEN4.3 STREET ADDRESS
5502 SW 9 PL4.4 CITY-ST-ZIP
MARGATE, FL 330685.1 TITLE ☐ Change ☒ Addition5.2 NAME
D
CHENEVERT, SHARON5.3 STREET ADDRESS
5526 SW 8 PL5.4 CITY-ST-ZIP
MARGATE, FL 330686.1 TITLE ☐ Change ☒ Addition6.2 NAME
D
PERRY, LAURA6.3 STREET ADDRESS
833 SW 56 AVE6.4 CITY-ST-ZIP
MARGATE, FL 33068

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:

James E. ENO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 (954) 968-3437

Date

Daytime Phone #

CR2E037 (11/98)

244933-90002-10
748002

13. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 12			
7.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
7.2 NAME	HARSHBARGER, DAVID		
7.3 STREET ADDRESS	5522 SW 9 PL		
7.4 CITY-ST-ZIP	MARGATE FL 33068		
8.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
8.2 NAME	HAYDU, WILLIAM		
8.3 STREET ADDRESS	5550 SW 10 PL		
8.4 CITY-ST-ZIP	MARGATE FL 33068		
9.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
9.2 NAME	JIMENEZ, HUMBERTO		
9.3 STREET ADDRESS	5527 SW 8 PL		
9.4 CITY-ST-ZIP	MARGATE FL 33068		
10.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
10.2 NAME	MARSHALL, STEVE		
10.3 STREET ADDRESS	5560 SW 10 PL		
10.4 CITY-ST-ZIP	MARGATE FL 33068		
11.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
11.2 NAME	RICHARDSON, SANDY		
11.3 STREET ADDRESS	884 SW 55 TER		
11.4 CITY-ST-ZIP	MARGATE FL 33068		
12.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12.2 NAME	RUGGIERO, JOSEPH		
12.3 STREET ADDRESS	5571 SW 10 ST		
12.4 CITY-ST-ZIP	MARGATE FL 33068		
13.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
13.2 NAME	RYMUT, KEN		
13.3 STREET ADDRESS	5567 SW 8 PL		
13.4 CITY-ST-ZIP	MARGATE FL 33068		
14.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
14.2 NAME	SULLIVAN, LESLIE		
14.3 STREET ADDRESS	5516 SW 8 PL		
14.4 CITY-ST-ZIP	MARGATE FL 33068		
15.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
15.2 NAME	WIDMAN, GARY		
15.3 STREET ADDRESS	871 SW 56 AVE		
15.4 CITY-ST-ZIP	MARGATE FL 33068		