

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:31

DOCUMENT # 755973 (5)

1. Corporation Name
HERITAGE LAKE COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
9151 HERITAGE LAKE BLVD NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1981	3a. Date of Last Report 02/02/1994
4. FEI Number 59-2055139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**SHERIDAN, THOMAS
9151 HERITAGE LAKE BLVD
NEW PORT RICHEY FL 34655**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11 Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	PD
NAME	SHERIDAN, THOMAS
STREET ADDRESS	9151 HERITAGE LAKE BLVD.
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	VD
NAME	LEE, ROBERT A.
STREET ADDRESS	9151 HERITAGE LAKE BLVD.
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	SD
NAME	WENZEL, HUGO
STREET ADDRESS	9151 HERITAGE LAKE BLVD.
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	ATD
NAME	KREYSER, JEAN
STREET ADDRESS	9151 HERITAGE LAKE BLVD.
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	VTD
NAME	GAGLIARDI, JOSEPH
STREET ADDRESS	9151 HERITAGE LAKE BLVD.
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	ATD
NAME	ROCHE, DOLORES
STREET ADDRESS	9151 HERITAGE LAKE BLVD
CITY - ST - ZIP	NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	ATD KATZENSTEIN, ALFRED
43 STREET ADDRESS	9151 HERITAGE LAKE BLVD.
44 CITY - ST - ZIP	NEW PORT RICHEY FL 34633
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/17/95 813-376-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR