

**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

**DOCUMENT # 755973 (5)**  
1. Corporation Name  
**HERITAGE LAKE COMMUNITY ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **01/20/1981**  
3a. Date of Last Report: **02/24/1995**

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

4. FEI Number: **59-2055139** 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

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: **Gagliardi, Joseph**  
82 Street Address (P.O. Box Number is Not Acceptable): **9151 Heritage Lake Blvd.**  
83  
84 City: **New Port Richey** FL 85 Zip Code: **34655**

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: **Joseph Gagliardi, President** *Joseph Gagliardi* 2/2/96  
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: PD<br>NAME: SHERIDAN, THOMAS<br>STREET ADDRESS: 9151 HERITAGE LAKE BLVD.<br>CITY-ST-ZIP: NEW PORT RICHEY FL     | <input checked="" type="checkbox"/> DELETE |
| TITLE: VD<br>NAME: LEE, ROBERT A.<br>STREET ADDRESS: 9151 HERITAGE LAKE BLVD.<br>CITY-ST-ZIP: NEW PORT RICHEY FL       | <input type="checkbox"/> DELETE            |
| TITLE: SD<br>NAME: WENZEL, HUGO<br>STREET ADDRESS: 9151 HERITAGE LAKE BLVD.<br>CITY-ST-ZIP: NEW PORT RICHEY FL         | <input checked="" type="checkbox"/> DELETE |
| TITLE: ATD<br>NAME: KATZENSTEIN, ALFRED<br>STREET ADDRESS: 9151 HERITAGE LAKE BLVD.<br>CITY-ST-ZIP: NEW PORT RICHEY FL | <input type="checkbox"/> DELETE            |
| TITLE: VTD<br>NAME: GAGLIARDI, JOSEPH<br>STREET ADDRESS: 9151 HERITAGE LAKE BLVD.<br>CITY-ST-ZIP: NEW PORT RICHEY FL   | <input checked="" type="checkbox"/> DELETE |
| TITLE: ATD<br>NAME: ROCHE, DOLORES<br>STREET ADDRESS: 9151 HERITAGE LAKE BLVD<br>CITY-ST-ZIP: NEW PORT RICHEY FL       | <input checked="" type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
|---|--|
| 1.1 TITLE: PD<br>1.2 NAME: Gagliardi, Joseph<br>1.3 STREET ADDRESS: 9151 Heritage Lake Blvd.<br>1.4 CITY-ST-ZIP: New Port Richey, FL 34655  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE: SD<br>2.2 NAME: Wells, Henry<br>2.3 STREET ADDRESS: 9151 Heritage Lake Blvd.<br>2.4 CITY-ST-ZIP: New Port Richey, FL 34655       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE: TD<br>3.2 NAME: Montgomery, George<br>3.3 STREET ADDRESS: 9151 Heritage Lake Blvd.<br>3.4 CITY-ST-ZIP: New Port Richey, FL 34655 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE: ATD<br>4.2 NAME: Olekszyk, John<br>4.3 STREET ADDRESS: 9151 Heritage Lake Blvd.<br>4.4 CITY-ST-ZIP: New Port Richey, FL 34655    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE: ASD<br>5.2 NAME: Codere, Barbara<br>5.3 STREET ADDRESS: 9151 Heritage Lake Blvd<br>5.4 CITY-ST-ZIP: New Port Richey, FL 34655    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE:<br>6.2 NAME:<br>6.3 STREET ADDRESS:<br>6.4 CITY-ST-ZIP:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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: *Joseph Gagliardi* **Joseph Gagliardi** 2/2/96 813-376-0021  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)