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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34655-1511

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/20/1981	3a. Date of Last Report 02/27/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-2055139	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GAGLIARDI, JOSEPH 9151 HERITAGE LAKE BLVD NEW PORT RICHEY FL 34655	10. Name and Address of New Registered Agent 81. Name Lee, Robert 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
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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: *Robert Lee* DATE: 3-5-97
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	11. TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAGLIARDI, JOSEPH		12. NAME Lee, Robert	
STREET ADDRESS 9151 HERITAGE LAKE BLVD		13. STREET ADDRESS 9151 Heritage Lake Blvd.	
CITY-STATE-ZIP NEW PORT RICHEY FL		14. CITY-STATE-ZIP New Port Richey, FL 34655	
TITLE SD	<input checked="" type="checkbox"/> DELETE	21. TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELLS, HENRY		22. NAME Codere, Barbara	
STREET ADDRESS 9151 HERITAGE LAKE BLVD.		23. STREET ADDRESS 9151 Heritage Lake Blvd.	
CITY-STATE-ZIP NEW PORT RICHEY FL		24. CITY-STATE-ZIP New Port Richey, FL 34655	
TITLE TD	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTGOMERY, GEORGE		32. NAME	
STREET ADDRESS 9151 HERITAGE LAKE BLVD.		33. STREET ADDRESS	
CITY-STATE-ZIP NEW PORT RICHEY FL		34. CITY-STATE-ZIP	
TITLE ATD	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLEKSYK, JOHN		42. NAME	
STREET ADDRESS 9151 HERITAGE LAKE BLVD.		43. STREET ADDRESS	
CITY-STATE-ZIP NEW PORT RICHEY FL		44. CITY-STATE-ZIP	
TITLE ASD	<input checked="" type="checkbox"/> DELETE	51. TITLE ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CODERE, BARBARA		52. NAME Bauer, William	
STREET ADDRESS 9151 HERITAGE LAKE BLVD.		53. STREET ADDRESS 9151 Heritage Lake Blvd.	
CITY-STATE-ZIP NEW PORT RICHEY FL		54. CITY-STATE-ZIP New Port Richey, FL 34655	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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: *Robert Lee* DATE: 3-7-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
813-376-0021
Daytime Phone # 0068125

CR2E037 (9/96)