

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755973 (5)
1. Corporation Name
HERITAGE LAKE COMMUNITY ASSOCIATION, INC.



Principal Place of Business 9151 HERITAGE LAKE BLVD NEW PORT RICHEY FL 34855	Mailing Address 9151 HERITAGE LAKE BLVD NEW PORT RICHEY FL 34855
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3. Date Incorporated or Qualified 01/20/1981		
4. FEI Number 59-2055139	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEE, ROBERT
9151 HERITAGE LAKE BLVD
NEW PORT RICHEY FL 34855

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

FL

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]* **3-25-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEE, ROBERT		1.2 NAME	
STREET ADDRESS 9151 HERITAGE LAKE BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CODERE, BARBARA		2.2 NAME	
STREET ADDRESS 9151 HERITAGE LAKE BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTGOMERY, GEORGE		3.2 NAME	
STREET ADDRESS 9151 HERITAGE LAKE BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	
TITLE ATD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OLEKSZYK, JOHN		4.2 NAME	
STREET ADDRESS 9151 HERITAGE LAKE BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	
TITLE ADD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAUER, WILLIAM		5.2 NAME	
STREET ADDRESS 9151 HERITAGE LAKE BLVD		5.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

ASD

ATO ZACK, Larry
4928 Bostonian Loop
New Port Richey, FL
SD

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: *[Signature]* **3-25-98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)