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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 755973 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	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/20/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2055139
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LEE, ROBERT 9151 HERITAGE LAKE BLVD NEW PORT RICHEY FL 34655	10. Name and Address of New Registered Agent 81 Name George Montgomery 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 *George Montgomery President* DATE 2-17-99
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, ROBERT 9151 HERITAGE LAKE BLVD NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Montgomery, George 9151 Heritage Lake Blvd New Port Richey, Fl 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CODERE, BARBARA 9151 HERITAGE LAKE BLVD NEW PORT RICHEY FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MONTGOMERY, GEORGE 9151 HERITAGE LAKE BLVD. NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD Zaczyk, Larry 9151 Heritage Lake Blvd New Port Richey, Fl 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD ZACZYK, LARRY 4928 BOSTONIAN LOOP NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ATD Overcashier, Buddy 9151 Heritage Lake Blvd. New Port Richey, Fl 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUER, WILLIAM 9151 HERITAGE LAKE BLVD NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD Pearson, Edgar 9151 Heritage Lake Blvd. New Port Richey, Fl 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VD Katzenstein, Alfred 9151 Heritage Lake Blvd. New Port Richey, Fl 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *George Montgomery* SIGNATURE **GEORGE MONTGOMERY** DATE 2-17-99 DAYTIME PHONE # 727-376-0021
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)