

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 19

DOCUMENT # 762895 (1)
1. Corporation Name
HERITAGE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
1101 RANCH ROAD 1101 RANCH ROAD
VERO BEACH FL 32966 VERO BEACH FL 32966

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1982	3a. Date of Last Report 02/17/1994
4. FEI Number 59-2181689	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
CLARK, ROBERT C
1936 41TH AVE.
VERO BEACH FL 32966

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HILL, RALPH
STREET ADDRESS	1009 PEACE ST
CITY-ST-ZIP	VERO BEACH FL
TITLE	V
NAME	BRADLEY, ROY
STREET ADDRESS	29 COLONY DR
CITY-ST-ZIP	VERO BEACH FL
TITLE	D
NAME	SECKMAN, HARRY
STREET ADDRESS	913 COURIER ST
CITY-ST-ZIP	VERO BEACH FL
TITLE	D
NAME	CASCIO, CAM
STREET ADDRESS	917 COURIER ST
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D
NAME	DOWD, ANNE
STREET ADDRESS	166 CONGRESS ST
CITY-ST-ZIP	VERO BEACH FL
TITLE	T
NAME	STREETER, JOSEPH
STREET ADDRESS	1106 FRIENDSHIP DRIVE
CITY-ST-ZIP	VERO BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BATORY, GEORGE
2.3 STREET ADDRESS	178 CONGRESS ST.
2.4 CITY-ST-ZIP	VERO BEACH, FL. 32966
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MILNE, JANE
4.3 STREET ADDRESS	58 SALEM ST.
4.4 CITY-ST-ZIP	VERO BEACH, FL 32966
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PATTERSON, GEORGE
5.3 STREET ADDRESS	430 UNION ST.
5.4 CITY-ST-ZIP	VERO BEACH, FL 32966
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(j), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Streeter JOSEPH STREETER 1-24-95 407-562-3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Filing #