

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



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

3. Date Incorporated or Qualified: **04/16/1982**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-2181689**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. 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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	HILL, RALPH	
STREET ADDRESS	1009 PEACE ST	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BATORY, GEORGE	
STREET ADDRESS	178 CONGRESS STREET	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SECKMAN, HARRY	
STREET ADDRESS	913 COURIER ST	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILNE, JANE	
STREET ADDRESS	58 SALEM STREET	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATTERSON, GEORGE	
STREET ADDRESS	430 UNION STREET	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEORGE PATTERSON	
2.3 STREET ADDRESS	430 UNION STREET	
2.4 CITY - ST - ZIP	VERO BEACH, FL 32966	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEORGE BATORY	
3.3 STREET ADDRESS	178 CONGRESS STREET	
3.4 CITY - ST - ZIP	VERO BEACH, FL 32966	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ADAM KUBIK	
5.3 STREET ADDRESS	173 CONGRESS STREET	
5.4 CITY - ST - ZIP	VERO BEACH, FL 32966	
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KINSEY DETWEILER	
6.3 STREET ADDRESS	420 UNION STREET	
6.4 CITY - ST - ZIP	VERO BEACH, FL 32966	

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: Kinsey Detweiler KINSEY DETWEILER
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR
Date: 1-22-96
Daytime Phone #: 1-407-569-8259

CR2E037 (12/95)