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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762895

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/16/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2181689
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

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 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 _____ DATE _____
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	P HUTCHINSON, RICHARD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, RICHARD	1.2 NAME	
STREET ADDRESS	138 HERITAGE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32966	1.4 CITY-ST-ZIP	
TITLE	V HUTCHINSON, RICHARD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, RICHARD	2.2 NAME	SISSON, CHARLES
STREET ADDRESS	430 UNION ST	2.3 STREET ADDRESS	20 COLONY DRIVE
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL. 32966
TITLE	VP BERGMANN, LOUIS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMANN, LOUIS	3.2 NAME	
STREET ADDRESS	200 LIBERTY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32966	3.4 CITY-ST-ZIP	
TITLE	D HILL, RALPH <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RALPH	4.2 NAME	DAHDAH, JOSEPH
STREET ADDRESS	1009 PEACE ST	4.3 STREET ADDRESS	820 CONCORD ST.
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH, FL. 32966
TITLE	D CLARK, MARSHALL <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, MARSHALL	5.2 NAME	
STREET ADDRESS	224 LIBERTY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32966	5.4 CITY-ST-ZIP	
TITLE	T DETWEILER, KINSEY <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETWEILER, KINSEY	6.2 NAME	STREETER, JOSEPH
STREET ADDRESS	420 UNION ST	6.3 STREET ADDRESS	1106 FRIENDSHIP DRIVE
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	VERO BEACH, FL. 32966

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: Joseph Streeter 2-1-99 561-562-3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)