

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

0070821

**DOCUMENT # 762895**

Entity Name

**HERITAGE VILLAGE HOMEOWNERS ASSOCIATION, INC.**

02-20-2002 90166 019 \*\*\*\*61.25

Principal Place of Business <b>101 RANCH ROAD VERO BEACH FL 32966</b>	Mailing Address <b>1106 FRIENDSHIP DR. VERO BEACH FL 32966</b>
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DO NOT WRITE IN THIS SPACE

Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-2181689</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>CLARK, ROBERT C 1936 41TH AVE. VERO BEACH FL 32966</b>

<b>7. Name and Address of New Registered Agent</b>		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HUTCHISON, RICHARD</b> <input checked="" type="checkbox"/> Delete <b>318 HERITAGE BLVD VERO BEACH FL 32966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GRIFFIN, ANN</b> <input type="checkbox"/> Delete <b>181 CONGRESS ST. VERO BEACH FL 32966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BERGMANN, LOUIS</b> <input checked="" type="checkbox"/> Delete <b>200 LIBERTY ST VERO BEACH FL 32966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAHDAH, JOSEPH</b> <input checked="" type="checkbox"/> Delete <b>820 CONCORD ST VERO BEACH FL 32966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLARK, MARSHALL</b> <input type="checkbox"/> Delete <b>224 LIBERTY ST VERO BEACH FL 32966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T STREETER, JOSEPH</b> <input type="checkbox"/> Delete <b>1106 FRIENDSHIP DR VERO BEACH FL 32966</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RALPH HILL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1009 PEACE ST. VERO BEACH, FL. 32966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. RAYMOND ARSENAULT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>180 CONGRESS ST. VERO BEACH, FL. 32966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAM SHIELD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>362 HERITAGE BLVD VERO BEACH, FL. 32966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Joseph Streeter* **JOSEPH STREETER** **2-6-02** **561-562-3590**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)