

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

APPROVED
AND
FILED

95 MAR -2 PM 2: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23079 (9)

1. Corporation Name

AMERICAN HERITAGE NEIGHBORHOOD ASSOCIATION INCORPORATED

Principal Place of Business

PO BOX 593862
ORLANDO FL 32859-3862

Mailing Address

PO BOX 593862
ORLANDO FL 32859-3862

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/19/1987

3a. Date of Last Report
02/22/1994

4. FEI Number
65-0004207

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS DANIEL

547 CONSTITUTION DR
ORLANDO FL 32809

81 Name

James A Stone

82 Street Address (P.O. Box Number is Not Acceptable)

547 Constitution Dr.

83

Orlando, Fl. 32809

84 City

Orlando, Fl.

FL

85 Zip Code
32809

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

James A Stone

JAMES A STONE, TREAS

January 30, 1995

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	DAVIS, DAN
STREET ADDRESS	549 CONSTITUTION
CITY- ST- ZIP	ORLANDO FL
TITLE	PD
NAME	HIGHT, TOMMY
STREET ADDRESS	599 AMERICAN HERITAGE PARKWAY
CITY- ST- ZIP	ORLANDO FL
TITLE	TD
NAME	STONE, JAMES
STREET ADDRESS	547 CONSTITUTION DR
CITY- ST- ZIP	ORLANDO FL
TITLE	SD
NAME	PARSONS, VELMA
STREET ADDRESS	471 AMERICAN HERITAGE CT
CITY- ST- ZIP	ORLANDO FL
TITLE	SD
NAME	CRANDALL, SUSAN
STREET ADDRESS	580 CONSTITUTION
CITY- ST- ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Davis, Dan	
1.3 STREET ADDRESS	549 Constitution Dr.	
1.4 CITY- ST- ZIP	Orlando, Fl.	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Sola, Hector	
2.3 STREET ADDRESS	594 Ben Franklin	
2.4 CITY- ST- ZIP	Orlando, Fl.	
3.1 TITLE	TD	☐ Change ☐ Addition
3.2 NAME	Stone, James	
3.3 STREET ADDRESS	547 Constitution Dr.	
3.4 CITY- ST- ZIP	Orlando, Fl.	
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	Tracy, Dee	
4.3 STREET ADDRESS	576 American Heritage Pkwy	
4.4 CITY- ST- ZIP	Orlando, Fl.	
5.1 TITLE	SD	☒ Change ☐ Addition
5.2 NAME	Losacano, Catherine	
5.3 STREET ADDRESS	625 American Heritage Pkwy	
5.4 CITY- ST- ZIP	Orlando, Fl.	
6.1 TITLE		☐ Change ☐ 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 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: *James A Stone* James A Stone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/95

(407) 933-7022

Date

Telephone Number