

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

CORPORATION ANNUAL REPORT 1995



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

**FILED**  
95 JAN 25 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N23829** (7)  
1. Corporation Name  
**HERITAGE WOODS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**12734 KENWOOD LANE #85 FORT MYERS FL 33907** **12734 KENWOOD LANE #85 FORT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/11/1987** 3a. Date of Last Report **07/11/1994**  
4. FEI Number **65-0122799** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **12500 HUNTERS RIDGE DR** 26 **12500 HUNTERS RIDGE DR**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **BONITA SPRINGS, FLORIDA** 27 **BONITA SPRINGS, FL**  
City & State City & State  
23 **33923** 28 **33923** Country **USA USA**  
Zip Zip

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

9. Name and Address of Current Registered Agent  
**BUTLER, GAREY F. HUMPHREY & KNOTT 1625 HENDRY ST #301 FT. MYERS FL 33901**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WENWIESER, DIETER</b>	1.2 NAME	
STREET ADDRESS	<b>16731-108 MCGREGOR BLVD.</b>	1.3 STREET ADDRESS	<b>12500 HUNTERS RIDGE DR</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>	1.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 33923</b>
TITLE	<b>VD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REINERT, KIRT A.</b>	2.2 NAME	
STREET ADDRESS	<b>12734 KENWOOD LN., #85</b>	2.3 STREET ADDRESS	<b>12500 HUNTERS RIDGE DR</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 33923</b>
TITLE	<b>D</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REINERT, PARTICK B.</b>	3.2 NAME	
STREET ADDRESS	<b>12734 KENWOOD LANE, SUITE 85</b>	3.3 STREET ADDRESS	<b>12500 HUNTERS RIDGE DR</b>
CITY-ST-ZIP	<b>FORT MYES FL</b>	3.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FL 33923</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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: *Kirt A. Reinert, v.p.* **18 Jan 95** **813 947-9355**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**KIRT A. REINERT, V.P.**