

FILE NOW: FILING FEE IS \$61.25

FILED

**May 19 1998 8:00am
Secretary of State**

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N23829 (7)

1. Corporation Name
HERITAGE WOODS HOMEOWNERS' ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 12500 HUNTERS RIDGE DR. BONITA SPRINGS FL 33923 US | Mailing Address 12500 HUNTERS RIDGE DR. BONITA SPRINGS BEACH FL 33923 US |
|--|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/11/1987 | |
| 4. FEI Number 65-0122799 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 9240 Bonita Beach Rd Suite, Apt. #, etc. | 28 9240 Bonita Beach Rd. Suite, Apt. #, etc. |
| 22 Suite #1117 City & State | 27 Suite #1117 City & State |
| 23 Bonita Springs, FL Zip | 28 Bonita Springs, FL Zip |
| 24 34135 | 29 34135 |
| 25 US | 30 US |

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 |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | WENWIESER, DIETER |
| STREET ADDRESS | 12500 HUNTERS RIDGE DR. |
| CITY-ST-ZIP | BONITA SPRINGS FL |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | REINERT, KIRT A. |
| STREET ADDRESS | 12500 HUNTERS RIDGE DR. |
| CITY-ST-ZIP | BONITA SPRINGS FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | REINERT, PARTICK B. |
| STREET ADDRESS | 12500 HUNTERS RIDGE DR. |
| CITY-ST-ZIP | BONITA SPRINGS FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 9240 Bonita Beach Rd. #1117 |
| 1.4 CITY-ST-ZIP | Bonita Springs, FL 34135 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 9240 Bonita Beach Rd. #1117 |
| 2.4 CITY-ST-ZIP | Bonita Springs, FL 34135 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 9240 Bonita Beach Rd. #1117 |
| 3.4 CITY-ST-ZIP | Bonita Springs, FL 34135 |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: _____ DATE: **22 Apr 98** FILE NO: **014 017 9157**

CR2E037 (10/97)