

FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N32798 (3) 1. Corporation Name HERITAGE SQUARE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2616 TAMiami TR PORT CHARLOTTE FL 33952		Mailing Address 2616 TAMiami TR PORT CHARLOTTE FL 33952-6473	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 25	
Country 25		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent GORDON V. PRODGER 2616 TAMiami TR. PORT CHARLOTTE FL 33952		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	☐ DELETE	
NAME	THERESA HANDLON		
STREET ADDRESS	2616 TAMiami TRAIL		
CITY - ST - ZIP	PT CHARLOTTE FL		
TITLE	D	☐ DELETE	
NAME	MICHAEL OMERZO		
STREET ADDRESS	2616 TAMiami TRAIL		
CITY - ST - ZIP	PT CHARLOTTE FL		
TITLE	D	☐ DELETE	
NAME	ROBBINS, ROSALIE R.		
STREET ADDRESS	2616 TAMiami TR		
CITY - ST - ZIP	PT CHARLOTTE FL		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	☐ Change ☐ Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	☐ Change ☐ Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	☐ Change ☐ Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	☐ Change ☐ Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	☐ Change ☐ Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
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 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 in an attachment with an address.			
SIGNATURE: GORDON V. PRODGER 04-22-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067748			

CR2E037 (9/96)