

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N33936** (8)

1. Corporation Name

HERITAGE PARK HOMEOWNERS ASSOCIATION, INC.



800001755730
03/25/96--01030--001

Principal Place of Business: 5660 AMERICAN CIR. DELRAY BEACH FL 33484
Mailing Address: 5660 AMERICAN CIR. DELRAY BEACH FL 33484

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 08/25/1989 | 03/13/1995 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | 27 | 59-3036831 | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | \$5.00 May Be Added to Fees |
| Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 24 | 25 | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 29 | 30 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| TOLISANO, JOHN 5653 AMERICAN CIRCLE DELRAY BEACH FL 33484-8566 | | PAUL GARFINKLE 5629 AMERICAN CIRCLE DELRAY BEACH, FL 33484 | |

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: *[Signature]* President
DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--------------------------------------|------------------------------------|---|--|
| TITLE: PD | NAME: TOLISANO, JOHN | 1.1 TITLE: PD | NAME: PAUL GARFINKLE |
| STREET ADDRESS: 5653 AMERICAN CIRCLE | CITY-ST-ZIP: DELRAY BEACH FL | 1.2 NAME: 5629 AMERICAN CIRCLE | 1.3 STREET ADDRESS: DELRAY BEACH, FL 33484 |
| TITLE: TD | NAME: SZYLIT, ALICE | 2.1 TITLE: T | NAME: TREASURER |
| STREET ADDRESS: 5649 AMERICAN CIRCLE | CITY-ST-ZIP: DELRAY BEACH FL | 2.2 NAME: CONCETTA ARCHER | 2.3 STREET ADDRESS: 5613 AMERICAN CIRCLE |
| TITLE: SD | NAME: DOLNEY, DEBRA A. | 2.4 CITY-ST-ZIP: DELRAY BEACH, FL 33484 | 3.1 TITLE: 800001755730 |
| STREET ADDRESS: 5569 AMERICAN CIRCLE | CITY-ST-ZIP: DELRAY BEACH FL | 3.2 NAME: -03/25/96--01030--005 | 3.3 STREET ADDRESS: ***61.25 |
| TITLE: D | NAME: SPETRINI, LOUIS | 4.1 TITLE: D | NAME: ALFRED SZYLIT |
| STREET ADDRESS: 5564 AMERICAN CIRCLE | CITY-ST-ZIP: DELRAY BEACH FL | 4.2 NAME: 5649 AMERICAN CIRCLE | 4.3 STREET ADDRESS: DELRAY BEACH, FL 33484 |
| TITLE: D | NAME: BENEDETTO, JUDY | 5.1 TITLE: D | NAME: STANLEY BENEDETTO |
| STREET ADDRESS: 5576 AMERICAN CIRCLE | CITY-ST-ZIP: DELRAY BEACH FL | 5.2 NAME: 5576 AMERICAN CIRCLE | 5.3 STREET ADDRESS: DELRAY BEACH, FL 33484 |
| TITLE: D | NAME: MARIA FABER | 6.1 TITLE: D | NAME: 5597 AMERICAN CIRCLE |
| STREET ADDRESS: 5597 AMERICAN CIRCLE | CITY-ST-ZIP: DELRAY BEACH FL 33484 | 6.2 NAME: DELRAY BEACH, FL 33484 | 6.3 STREET ADDRESS: DELRAY BEACH, FL 33484 |

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: *[Signature]* President
DATE: 1/24/96
Daytime Phone: 499 5280

CR2E037 (12/95)