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Feb 04 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 # N33936 (8)
1. Corporation Name
HERITAGE PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 5660 AMERICAN CIR. DELRAY BEACH FL 33484
Mailing Address: 5660 AMERICAN CIR. DELRAY BEACH FL 33484-8565

3. Date incorporated or Qualified: 08/25/1989
3a. Date of Last Report: 03/22/1996
4. FEI Number: 59-3036831
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
CARFINKLE, PAUL
5629 AMERICAN CIRCLE
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent
81 Name: Stanley Benedetto
82 Street Address (P.O. Box Number is Not Acceptable): 5576 American Circle
83 City: Delray Beach, FL
84 City: FL 85 Zip Code: 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: Stanley Benedetto (Signature) Stanley Benedetto (Printed Name) DATE: 1/16/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GAREINKLE, PAUL	
STREET ADDRESS	5629 AMERICAN CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARCHER, CONCETTA	
STREET ADDRESS	5613 AMERICAN CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DOLNEY, DEBRA A.	
STREET ADDRESS	5569 AMERICAN CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SZYLIT, ALFRED	
STREET ADDRESS	5649 AMERICAN CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	P President	<input type="checkbox"/> DELETE
NAME	BENEDETTO, STANLEY	
STREET ADDRESS	5576 AMERICAN CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FABER, MARIA	
STREET ADDRESS	5597 AMERICAN CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hoffmann, Anna	
1.3 STREET ADDRESS	5633 AMERICAN CIRCLE	
1.4 CITY-ST-ZIP	Delray Beach FL 33484	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Arena, Mary	
2.3 STREET ADDRESS	5585 AMERICAN CIRCLE	
2.4 CITY-ST-ZIP	Delray Beach, FL 33484	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Spetrini, Louie	
3.3 STREET ADDRESS	5564 AMERICAN CIRCLE	
3.4 CITY-ST-ZIP	Delray Beach, FL 33484	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Benedetto, Stanley	
5.3 STREET ADDRESS	5576 AMERICAN CIRCLE	
5.4 CITY-ST-ZIP	Delray Beach, FL 33484	
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 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 on an attachment with an address.

SIGNATURE: Stanley Benedetto (Signature) Stanley Benedetto (Printed Name) DATE: 1/16/97 (561) 496-2761

CR2E037 (9/96)