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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/25/1989	
4. FEI Number 59-3036831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" 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 N/A	

21. Principal Place of Business 5660 American Cir.	2a. Mailing Address Same as above
22. Suite, Apt. #, etc. Delray Beach, FL	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip 33484	25. Country USA
29. Zip	30. Country

9. Name and Address of Current Registered Agent

BENEDETTO, STANLEY
5576 AMERICAN CIRCLE
DELRAY BEACH FL 33484

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: *Stanley Benedetto* DATE: **1/7/98**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, ANNA
STREET ADDRESS	5633 AMERICAN CIRCLE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	ARENA, MARY
STREET ADDRESS	5585 AMERICAN CIRCLE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SPETRINI, LOUIE
STREET ADDRESS	5564 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 <input type="checkbox"/> DELETE
NAME	BENEDETTO, STANLEY
STREET ADDRESS	5576 AMERICAN CIRCLE
CITY-ST-ZIP	DELRAY BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer (Treas) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Concetta Archer
1.3 STREET ADDRESS	5613 American Circle
1.4 CITY-ST-ZIP	Delray Beach, FL 33484
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James Bracken
2.3 STREET ADDRESS	5577 American Circle
2.4 CITY-ST-ZIP	Delray Beach, FL 33484
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phil Sciulli
3.3 STREET ADDRESS	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	<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 in an attachment with an address.

SIGNATURE: *Stanley Benedetto* DATE: **1/7/98** (561) 496-2761

CR12E037 (10/97)