

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90071 011 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** N33936 *OK*

1. Corporation Name  
 HERITAGE PARK HOMEOWNERS ASSOCIATION INC.

Principal Place of Business  
 5660 AMERICAN CIRCLE  
 DELRAY BEACH, FL 33484

Mailing Address  
 same

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/25/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59=3036831	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STANLEY BENEDETTO 5576 AMERICAN CIRCLE DELRAY BEACH, FL 33484				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STANLEY BENEDETTO			1.2 NAME	CONCETTA ARCHER		
STREET ADDRESS	5576 AMERICAN CIRCLE			1.3 STREET ADDRESS	5613 AMERICAN CIRCLE		
CITY-ST-ZIP	DELRAY BEACH, FL 33484			1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARY ARENA			2.2 NAME	PHYLLIS STINGO		
STREET ADDRESS	5585 AMERICAN CIRCLE			2.3 STREET ADDRESS	5589 AMERICAN CIRCLE		
CITY-ST-ZIP	DELRAY BEACH, FL 33484			2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALFRED SZYLIT			3.2 NAME	PHIL SCIULLI		
STREET ADDRESS	5649 AMERICAN CIRCLE			3.3 STREET ADDRESS	5640 AMERICAN CIRCLE		
CITY-ST-ZIP	DELRAY BEACH, FL 33484			3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LOUIE SPETRINI			4.2 NAME	LAURETTA KOROTHY		
STREET ADDRESS	5564 AMERICAN CIRCLE			4.3 STREET ADDRESS	5580 AMERICAN CIRCLE		
CITY-ST-ZIP	DELRAY BEACH, FL 33484			4.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JAMES BRACKEN			5.2 NAME			
STREET ADDRESS	5577 AMERICAN CIRCLE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 3 48			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Phyllis Stingo, Treas. Date: 2-15-99 Daytime Phone #: 561-637-7655

CR2E037 (11/98)