


FILE NOW: FILING FEE IS \$61.25

FILED
May 05 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 # N96000000747 (3)
1. Corporation Name
HERITAGE PLACE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 1017 E. SOUTH STREET ORLANDO FL 32801	Mailing Address 1017 E. SOUTH STREET ORLANDO FL 32801
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3. Date Incorporated or Qualified
02/12/1996

4. FEI Number
59-3382798

Applied For	Not Applicable
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2. Principal Place of Business 21 3108 Antietam Creek Ct Suite, Apt. #, etc.	2a. Mailing Address 25 PO Box 700665 Suite, Apt. #, etc.
22 City & State 23 Orlando, FL	26 City & State 27 St. Cloud, FL
24 32837 Country 25 USA	28 34770 Country 29 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**HILL, CAREY L
1017 E. SOUTH STREET
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name Harkley R Thornton, esquire
82 Street Address (P.O. Box Number Is Not Acceptable) 1010 Pennsylvania Ave
83
84 City St Cloud
85 Zip Code FL 34769

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 **Harkley R Thornton** *[Signature]* **9/22/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HILL, CAREY L	
STREET ADDRESS 1017 E. SOUTH STREET	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME CASEY, DENNIS	
STREET ADDRESS 1017 E. SOUTH STREET	
CITY-ST-ZIP ORLANDO FL 32801	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME GLANCE, GEORGE	
STREET ADDRESS 108 PARK PLACE BLVD.	
CITY-ST-ZIP KISSIMMEE FL 32474	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Bill Hensley	
1.3 STREET ADDRESS 3108 Antietam Creek Court	
1.4 CITY-ST-ZIP Orlando, FL 32837	
2.1 TITLE D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Peter DeLuca	
2.3 STREET ADDRESS 12517 Lynchburg Court	
2.4 CITY-ST-ZIP Orlando, FL 32837	
3.1 TITLE D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Evan Lurdell	
3.3 STREET ADDRESS 12826 Gettysburg Circle	
3.4 CITY-ST-ZIP Orlando, FL 32837	
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 checked, or on an attachment with an address.

SIGNATURE *[Signature]* SIGNATURE REC **Bill Hensley** **4/22/98 (61)812-7639**

CR2E037 (10/97)