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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

05-19-1999 90026 002 **667.50
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DIVISION OF CORPORATIONS
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1. Corporation Name
HERITAGE PLACE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3108 ANTIETAM CREEK CT ORLANDO FL 32837 US	P O BOX 700665 ST CLOUD FL 34770 US

2. Principal Place of Business 21 4307 Neptune Rd.	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/12/1996	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3382798	☐ Applied For ☐ Not Applicable
City & State 23 St. Cloud, Fl	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 34769 Country 25 US	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

THORNTON, HARLELEY R ESQ
1010 PENNSYLVANIA AVE
ST CLOUD FL 34769

10. Name and Address of New Registered Agent

B1 Name: Thornton, Harkley R. esq
B2 Street Address (P.O. Box Number is Not Acceptable): 4307 Neptune Rd.
B3:
B4 City: St. Cloud, Fl FL B5 Zip Code: 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HENSLEY, BILL 3108 ANTIETAM CREEK CT ORLANDO FL 32837	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D.S. Morris, DAVID 12626 Lynchburg Court Orlando, Fl 32837	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DELUCA, PETER 12517 LYNCHBURG CT ORLANDO FL 32837	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST LINDELL, RYAN 12826 GETTYSBURG CIR ORLANDO FL 32837	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D.V.P. Lindell, Ryan 12826 Gettysburg Cr. Orlando, Fl 32837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	$8.75	☐ Change ☐ Addition

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: SIGNATURE REQUIRED 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING OFFICER OR DIRECTOR — Date — Daytime Phone #
RYAN LINDELL D.V.P

CR2E037 (11/98)