FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State →
DIVISION OF CORPORATIONS

DOCUMENT # N9700000133 (5)

HERITAGE PROPERTY OWNERS ASSOCIATION, INC.

FILED						
Apr 21 1998 8:00am						
Secretary of State						

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Principal Place of Business Mailing Address				E YARDINAS DER EGENT SERVE BONT BONT BONT BONT BOND BOSON INCHE EKSAR ISTE SABS		
108 ROBIN RO ALTAMONTE S	AD STE 2002 PRINGS FL 32701	108 ROBIN ROAD STE 2002 ALTAMONTE SPRINGS FL 32701			3. Date Incorporated or Qualified 01/06/1997	
					4. FEI Number Applied For	
					59 - 3492608 Not Applicable	
—	lace of Business	2a. Mailing Address	 		5. Certificate of Status Desired S8.75 Additional	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					Fee Required	
	w, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & Stat	A	City & State			Trust Fund Contribution Li Added to Fees 7. Is this nonprofit corporation a homeowners association?	
23	•	28	- ¬ ´		Yes No	
Zìp	Country	Zip	Country	7	8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. Yes No	
ļ	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
			81	Name	e e e e e e e e e e e e e e e e e e e	
	D, KENNETH F		82	82 Street Address (P.O. Box Number is Not Acceptable)		
600 COURTLAND STREET ORLANDO FL 32804			83	ļ		
UNLANL	JU PL 32804					
]			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617,0502	and 617,1508. Florida Statuter	s, the abov	e-name	d 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	m laminar with, and dooopt the obliga	10110 01, 00011011 017.0000, 11011	ida Olalalo	J.		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Ag	ulangia Ine	re required when reinstaling) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELET€	1.1 TITLE		Change Addition	
NAME	MILLER, WILLIAM R 108 ROBIN ROAD STE 2002		1.2 NAME			
STREET ADDRESS	ALTAMONTE SPRINGS FL 327	Δ1	1.3 STREET		1	
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY - S	51-ZIP	Change Addition	
NAME	OSWALD, KENNETH F		2.2 NAME			
STREET ADDRESS	600 COURTLAND ST STE 200	2	2.3 STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804	-	2. 4 C/TY-			
TITLE	STD DELETE 3.		3.1 TITLE		Change Addition	
NAME	MILLER, DONNA G		3.2 NAME			
STREET ADDRESS				ADDRESS	,	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327		3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Addition Addition	
NAME OTOGET ADDRESS			4. 2 NAME	Abbaros	\{\(\)\(\)\(\)\(\)\(\)	
STREET ADDRESS			4.3 STREET		10 1/0/	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - S 5.1 TITLE	11-217	Change Addition	
NAME	•		5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		20000248074Spange DAddition	
NAME			6.2 NAME		-04/07/9801014006	
STREET ADDRESS			6.3 STREET	AODRESS		
CITY-ST-ZIP	and the state of t	h this filling along and available of	6.4 CITY - S		lod is Castion 440 07/09/1) Flexida Change 14 offers and the latest the lates	
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.						