


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90138 049 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9700000133

1. Entity Name
HERITAGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**444 W NEW ENGLAND AVENUE
 STE B
 WINTER PARK, FL 32789**

Mailing Address
**108 ROBIN ROAD STE 2002
 ALTAMONTE SPRINGS, FL 32701**

2. Principal Place of Business
882 Jackson Ave

3. Mailing Address
882 Jackson Ave.

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32789

Country

4. FEI Number
59-3492608

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, MARC
 444 W NEW ENGLAND AVENUE
 STE B
 WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
882 Jackson Ave.

City **Winter Park** FL Zip Code **32789**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE | NAME | TITLE | NAME |
| P | FITZSIMMONS, ROBERT 1496 S VOLUSIA AVE STE 202 ORANGE CITY, FL 32763 | P | Fitzsimmons, Robert |
| <input checked="" type="checkbox"/> Delete | | P | P.O. Box 740618 Orange City, FL 32774 |
| ST | HALLE-BATLY, JOYCE 1496 S VOLUSIA AVE STE 202 ORANGE CITY, FL 32763 | <input checked="" type="checkbox"/> Change | VD Beitz, David 315 Heritage Estates Lane Deland, FL 32720 |
| <input checked="" type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Addition | |
| D | BLINN, TRACY 360 HERITAGE ESTATES LANE DELAND, FL 32720 | <input checked="" type="checkbox"/> Change | SD Jacobs, Kelly 352 Heritage Estates Lane Deland, FL 32720 |
| <input checked="" type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Addition | |
| D | DRAGONETTE, BOB 346 HERITAGE ESTATES LANE DELAND, FL 32720 | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| <input checked="" type="checkbox"/> Delete | | | |
| D | DRAYNETTE, BOB 346 HERITAGE ESTATES LANE DELAND, FL 32720 | <input checked="" type="checkbox"/> Change | TD Worthy, Quentin 362 Heritage Estates Lane Deland, FL 32720 |
| <input checked="" type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Addition | |
| <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4-28-03 3868049013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)