## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 17 1997 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

<u> 1997</u>

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

N9600000747 (3)

HERITAGE PLACE PROPERTY OWNERS ASSOCIATION, INC.

Prin	cipal Place of Business	Mailing Address			T DEGISION ON THE BILL BOTH ENFIL I	I nodrajoj dio idije bijili borit gorij dojit odjit odiji borit borit bodit bodit bodit bodit bodit bodit	
1017 E. SOUTH STREET ORLANDO FL 32801		1017 E. SOUTH STREET ORLANDO FL 32801-3011					
					3. Date Incorporated or Qualified 02/12/1996	3a. Date of Last Report	
2. F	ncipal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21	26				59.338&998	Not Applicable	
	Jite, Apt. #, etc. Suite, Apt. #, etc.					CO 75 A 4800	
22			_		5. Certificate of Status Desired	Fee Required	
_	ity & State	& State City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
	<b>p</b> Country	Country Zip		/	8. This corporation has liability for intangible tax under s. 199.032.		
24	25 29 30		30		Florida Statutes 🔲 Yes 📈 No		
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81	Name			
	HILL, CAREY L			Street	Address (P.O. Box Number is Not Acceptable)		
	1017 E. SOUTH STREET						
(	DRLANDO FL 32801		83		· ·		
ł			84	City		<b>85</b> Zip Code	
			j	′		FL   T	
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. 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 the state of Florida Statutes.							
agent. I am landiar with the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE 3/1/99							
<u> </u>				erutengia tne	required when reinstating)	DATE	
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICE		
TITLE	"	-				Change Addition	
NAME	SULLIVAN, WILLIAM		1.2 NAME				
•	ADDRESS 108 PARK PLACE BLVD.		1.3 STREET ADDRESS				
CITY-		KISSIMMEE FL 32474		T-ZIP		<u>_</u>	
TITLE	•	D DELETE MELCHIOR, WILLIAM			D	Change Addition	
NAME		MELCHIOR, WILLIAM SS 108 PARK PLACE BLYD.			HILL, CAREY L. 1017 E. South St.		
1	1000000000 CL 004E4						
CITY-		DELETE		ST-ZIP	Orlando, M 32801		
TITLE	GLANCE, GEORGE	WELEIE	3.1 TITLE		D .	Change  Addition	
NAME			3.2 NAME		CASEY, DENNIS 1017 E. Sourn St.		
1	ADDRESS 108 PARK PLACE BLVD.		3.3 STREET	ADDRESS			
CITY-	ST-ZIP KISSIMMEE FL 32474	Delet	3.4. CITY - S	ST-ZIP	Orlando, FL 32801		
THTLE		☐ DELETE	4,1 TITLE			Change Addition	
NAME			. 4. 2 NAME				
	ADDRESS		4.3 STREET				
CITY-	T-ZIP	Delete	4.4 CITY - S	T- ZIP	<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME	1		5.2 NAME			1	
	ADORESS		5.3 STREET	ADDRESS			
CITY-9	T-21P 1		6 & CITY . C	T_ 7IP			

DELETE

6.1 TITL€

6.2 NAME

14. I do 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 true the empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attention with an address.

6.3 STREET ADDRESS