

3 21-97 B-3448 C
FILE NOW: FILING FEE IS \$61.25

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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002024 (6)**

1. Corporation Name

THE HERITAGE DISTRICT ASSOCIATION, INC.



Principal Place of Business	Mailing Address
7380 MURRELL ROAD SUITE 201 VIERA FL 32940	7380 MURRELL ROAD SUITE 201 VIERA FL 32940-7947

3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3312992	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent

**BLAKE, R. MASON
7380 MURRELL ROAD
SUITE 201
VIERA FL 32940**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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

Signature: Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DECATOR, JAY	1.2 NAME	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	1.3 STREET ADDRESS	
CITY - ST - ZIP	VIERA FL	1.4 CITY - ST - ZIP	32940
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLAKE, R. MASON	2.2 NAME	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	2.3 STREET ADDRESS	32940
CITY - ST - ZIP	VIERA FL	2.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, C. SCOTT	3.2 NAME	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	3.3 STREET ADDRESS	
CITY - ST - ZIP	VIERA FL 32940	3.4 CITY - ST - ZIP	
TITLE	TO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTELL, PAUL	4.2 NAME	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	4.3 STREET ADDRESS	32940
CITY - ST - ZIP	VIERA FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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.

SIGNATURE: **THE HERITAGE DIST. ASSOC., INC.**
Jay G. Decator, Jr., V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97 (407) 242-1200
Date Daytime Phone # 0010050

CR2E037 (9/96)