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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000747 (3)**

1. Corporation Name

HERITAGE PLACE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1017 E. SOUTH STREET
ORLANDO FL 32801**

**1017 E. SOUTH STREET
ORLANDO FL 32801**

2. Principal Place of Business

2a. Mailing Address

21 3108 Antietam Creek Ct

2a PO Box 700645

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Orlando, FL

2a St. Cloud, FL

Zip

Zip

24 32837

29 34770

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/12/1996

4. FEI Number

59-3382798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**HILL, CAREY L
1017 E. SOUTH STREET
ORLANDO FL 32801**

81 Name

Harkley R Thornton, esquire

82 Street Address (P.O. Box Number is Not Acceptable)

1010 Pennsylvania Ave

83

84 City

St Cloud

FL

85 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 **Harkley R Thornton**
Signature typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

9/22/98
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **HILL, CAREY L**
STREET ADDRESS **1017 E. SOUTH STREET**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☒ DELETE

NAME **CASEY, DENNIS**
STREET ADDRESS **1017 E. SOUTH STREET**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **D** ☒ DELETE

NAME **GLANCE, GEORGE**
STREET ADDRESS **108 PARK PLACE BLVD.**
CITY-ST-ZIP **KISSIMMEE FL 32474**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☐ Change ☒ Addition

1.2 NAME **Bill Hensley**
1.3 STREET ADDRESS **3108 Antietam Creek Court**
1.4 CITY-ST-ZIP **Orlando, FL 32837**

2.1 TITLE **D/V** ☐ Change ☒ Addition

2.2 NAME **Peter DeLuca**
2.3 STREET ADDRESS **12517 Lynchburg Court**
2.4 CITY-ST-ZIP **Orlando, FL 32837**

3.1 TITLE **D/S/T** ☐ Change ☒ Addition

3.2 NAME **Evan Lurdell**
3.3 STREET ADDRESS **12826 Gettysburg Circle**
3.4 CITY-ST-ZIP **Orlando, FL 32837**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 checked, or on an attachment with an address.

SIGNATURE **[Signature]** SIGNATURE REC **Bill Hensley**

4/22/98 (5/18/12-7639)

CR2E037 (10/97)