.FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 754329

HERITAGE PINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7517 23RD AVENUE DRIVE WEST BRADENTON EL 34209

P.O. BOX 7542 BRADENTON FL 34210

FILED Feb 23, 1999 8:00 am Secretary of State

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BRADENION F	L 34209	BRADENTON PE 34210]				
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed			
21	nade of Eddinious	26			09/24/1980				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		4. FEI Number		Applied For		
22	.,	27			59-2290588	Not Applicable			
City & State		City & State	-		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Zip	Country	Zip	Countr	у	6. Election Campaign Financing	\$5	5.00	May Be	
24	25	<u> </u>	10		Trust Fund Contribution	Added to Fees			
24	9. Name and Address of Curren	11	·	-	10. Name and Address of New Registered	Agent			
		<u> </u>	8.	Name					
ZACH, LINDA				Ctroot	Address (P.O. Box Number is Not Acceptable)				
	D AVENUE DRIVE WEST		82 Street Addr		Address (P.O. Box Number is Not Acceptable)				
			83	3					
BRADENT	ON FL 34209				,	11			
			84	City	F	85	Zip C	ode	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was aut	horized by	tine como	corporation submits this statement for the purpose of continuous statement of the purpose of continuous statement for the purpose of corporation's board of directors. I hereby accept the appropriate the purpose of th	of chang cintment	ng its r as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agen	st and title if applicable /NOTF: F	Registered Ag	ent signature i	required when reinstating) DATE				
12.		D DIRECTORS	13.	, a comprission of	ADDITIONS/CHANGES TO OFFICERS A	ND DIR	ECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE				ange	Addition	
NAME	HOULISTON, WILLIAM	1.2 N							
STREET ADDRESS	4106 27TH AVE W		1.3 STRE	T ADDRESS					
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-	ST-ZIP					
TITLE	VPD	☐ DELETE 2:		. u.,		□ Ct	ange	☐ Addition	
NAME	DA PEATO, RAYMOND				DAPRATO				
STREET ADDRESS	621 CASA BELLE DRIVE		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	BRADENTON FL		2. 4 CITY-						
TITLE	SD	☐ DELETE	3.1 TITLE				ange	Addition	
NAME I	KETTERMAN, BARBARA	_	3.2 NAME		·				
STREET ADDRESS	4116 79TH ST WEST		3.3 STRE	ET ADDRESS					
CITY-ST-ZIP	BRADENTON FL 34209	•	3.4. CITY-						
TITLE	T	☐ DELETE	4.1 TITLE			□ CI	ange	Addition	
NAME	JEARON, JACK		4. 2 NAMI		Herron, Jack			1	
STREET ADDRESS	4011 79TH ST WEST		4.3 STRE	ET ADDRESS					
CITY-ST-ZIP	BRADENTON FL 34209		4.4 CITY-	ST-ZIP					
TITLE	TD	☐ DELETE	5.1 TITLE				ange	☐ Addition	
NAME	MANCUSO, ROSEMARY		5.2 NAME						
STREET ADDRESS	4311 78TH ST. N.		5.3 STRE	T ADDRESS				}	
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-	ST-ZIP					
TITLE	DIVIDENTON I L	☐ DELETE	6.1 TITLE			□ cı	ange	☐ Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STRE	ET ADDRESS				1	
U INCL I AUUNESS				~~ ~~					

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 changed, or on an attachment with an address, with all other like empowered.