## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000083380

HERITAGE RESORTS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

3675 LIBERTY SQUARE FT MYERS FL 33908

3675 LIBERTY SQUARE FT MYERS FL 33908

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90010 036 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed     99/26/1997		.	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I A	pplied For	
21 /200 PERIWINKLE WAY 26 /200 PERIWINK			rle	MAY	65-0786110	$\vdash$	lot Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired		Additional Required	
City & State  City & State  City & State  SANIBEL F			FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
$\frac{Z_{\rm ip}}{24} \frac{Z_{\rm ip}}{33957} \frac{C_{\rm country}}{25} \frac{Z_{\rm ip}}{29} \frac{Z_{\rm ip}}{33957} \frac{Z_{\rm ip}}{30}$				2	This corporation owes the current year Intal     Personal Property Tax.	ngible □ Yes	□No	
24 00 7	9. Name and Address of Current	<u> </u>	<u> </u>		10. Name and Address of New Registered A	gent		
	·	,	81	Name				
CHERYL TUM SUDEN								
3675 LIBERTY SQUARE				82 Street Address (P.O. Box Number is Not Acceptable)				
FT MYERS FL 33908				<del>                                     </del>	<u> </u>			
			83					
			84	City	FL	85 Zip	Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	orized by	the corpo	corporation submits this statement for the purpose of cloration's board of directors. I hereby accept the appoint	hanging it ment as r	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE: Rec	nistered Ane	nt signature re	equired when reinstating) DATE		<del></del> ,	
12.	OFFICERS AN		13.	a organica in	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	PST	DELETE DELETE	1.1 TITLE			Change		
	STILPHEN PETER		1.2 NAME		' ' '			
NAME	•			TADORESS			-	
STREET ADDRESS				- 1				
CITY-ST-ZIP	FT MYERS FL 33908			T-ZIP		Change	Addition	
TITLE		□ pereie	2.1 TITLE	İ	CONRAD, DEBBIE		, Egyndoneon	
NAME	•		2.2 NAME		1200 PERIWINKLE WAY +2			
STREET ADDRESS			2.3 STREE	TADDRESS	SANIBEC, FC 38957			
CITY-ST-ZIP			2.4 CITY-	Y-ST-ZIP STIDIUSEC FC 28/31		-	-4	
TITLE	☐ DELETE 3.1 TI		3.1 TITLE		ASJ7 Sec	Change	Addition	
NAME			3.2 NAME	ļ	MOORE, BONNIE WAY #2			
STREET ADDRESS			3.3 STREE	T ADDRESS	1 1/21 A 11 9/2018   10/11 1915 == *** **			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	SANIBEC/FE JULY		<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		VP	Change	Addition	
NAME			4. 2 NAME	ļ	STILPHEN, BILLIE			
STREET ADDRESS			4.3 STREE	T ADDRESS	7675/ ((3087) 3447)			
CITY-ST-ZIP	_		4.4 CITY-S	- 1	FT MYERS, FL 33908			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS			•,	
			5.4 CITY-5	T-ZIP				
CITY-ST-ZIP	<del> </del>	□ DELETE	6.1 TITLE	_	<u> </u>	☐ Change	Addition	
		<u> </u>	6.2 NAME				-	
NAME	}		ļ.	TADDRESS				
STREET ADDRESS								
CITY-ST-ZIP	<u> </u>		6.4 CITY-S	11-212				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an aduless, with all other like empowered.

GNATURE:

Output

Description: I hereby certify that the information supplied with this filing does

SIGNATURE:

FOF SIGNING OFFICER OR DIRECTOR