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05-04-1999 90033 045 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002024

1. Corporation Name

THE HERITAGE DISTRICT ASSOCIATION, INC.

Principal Place of Business

7380 MURRELL ROAD
SUITE 201
VIERA FL 32940

Mailing Address

7380 MURRELL ROAD
SUITE 201
VIERA FL 32940



2. Principal Place of Business

21 6939 N. WICKHAM RD

Suite, Apt. #, etc.

22

City & State
23 MELBOURNE FI

Zip Country

24 32940 25 USA

2a. Mailing Address

26 6939 N WICKHAM RD

Suite, Apt. #, etc.

27

City & State
28 MELBOURNE FI

Zip Country

29 32940 30 USA

3. Date Incorporated or Qualified

04/24/1995

4. FEI Number

59-3312992

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

9. Name and Address of Current Registered Agent

DACATOR, III JAY A
7380 MURRELL ROAD, STE 201
SUITE 201
VIERA FL 32940

10. Name and Address of New Registered Agent

81 Name STEWART, FRANCIS

82 Street Address (P.O. Box Number is Not Acceptable)
6939 N WICKHAM RD

83

84 City MELBOURNE FL 85 Zip Code 32940

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)

5/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DECATOR, JAY
STREET ADDRESS 7380 MURRELL ROAD, SUITE 201
CITY-ST-ZIP VIERA FL 32940 ☒ DELETE

TITLE TD
NAME MARTELL, PAUL
STREET ADDRESS 7380 MURRELL ROAD, SUITE 201
CITY-ST-ZIP VIERA FL 32940 ☒ DELETE

TITLE S
NAME CEROW, JOAN
STREET ADDRESS 7380 MURRELL RD, STE 201
CITY-ST-ZIP VIERA FL 32940 ☒ DELETE

TITLE VD
NAME DICK, MICHAEL
STREET ADDRESS 7380 MURRELL RD, STE 201
CITY-ST-ZIP VIERA FL 32940 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. JAMES BOOTH ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 1995 BUCKHEAD CT.
1.4 CITY-ST-ZIP VIERA FL 32955

2.1 TITLE S/T/D ☒ Change ☒ Addition
2.2 NAME CARL BENARRY
2.3 STREET ADDRESS 1998 BUCKHEAD CT.
2.4 CITY-ST-ZIP VIERA FL 32955

3.1 TITLE VIP D ☒ Change ☒ Addition
3.2 NAME RONALD BURKE
3.3 STREET ADDRESS PO BOX 560885
3.4 CITY-ST-ZIP ROCKLEDGE FL 32955

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

SIGNATURE: x

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)