

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 14 1997 8:00am  
Secretary of State

DOCUMENT # **594438** (4)  
1. Corporation Name  
**HERITAGE DEVELOPERS OF MARTIN COUNTY, INC.**



Principal Place of Business  
**6510 SE HERITAGE BLVD.  
HOBE SOUND FL 33455**

Mailing Address  
**6510 SE HERITAGE BLVD.  
HOBE SOUND FL 33455-5834**

2. Principal Place of Business 21 <b>7250 SE Federal Hwy</b> Suite, Apt. #, etc.		2a. Mailing Address 27 <b>7250 SE Federal Hwy</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/28/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
22 <b>Hobe Sound FL</b> City & State		28 <b>Hobe Sound</b> City & State		4. FEI Number <b>59-1867849</b>	Applied For Not Applicable
23 Zip <b>33455</b>		29 <b>33455</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33455</b>		30 <b>FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**KEATHLEY TERRY M.  
6510 SE HERITAGE BLVD.  
HOBE SOUND, FLORIDA D 33455**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7250 SE Federal Hwy**  
83  
84 City **Hobe Sound** FL 85 Zip Code **33455**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEATHLEY TERRY M.</b>	1.2 NAME	
STREET ADDRESS	<b>7250 SE FEDERAL HWY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOBE SOUND FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEATHLEY HAROLD L.</b>	2.2 NAME	
STREET ADDRESS	<b>106 ATLANTIC ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO. PALM BEACH FL.</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres** **561 220 9717**  
**4.28.97** Daytime Phone #  
**0326674**

CR2E034 (9/96)