

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 749348 (9)**  
1. Corporation Name  
**HERITAGE RIDGE SOUTH PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business: **8201 S E CONSTITUTION BLVD. HOBE SOUND FL 33455**  
Mailing Address: **8201 S E CONSTITUTION BLVD. HOBE SOUND FL 33455**

3. Date Incorporated or Qualified: **10/16/1979**  
3a. Date of Last Report: **04/05/1995**  
4. FEI Number: **59-2211955**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**BRETT, CHARLES**  
**7496 INDEPENDENCE AVE.**  
**HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent  
81 Name: **JONES, ROBERT**  
82 Street Address (P.O. Box Number is Not Acceptable): **7366 INDEPENDENCE**  
83  
84 City: **HOBE SOUND** FL 85 Zip Code: **33455**

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: *Robert E. Jones*  
Signature, typed or printed name of registered agent and title if applicable

DATE: **3/22/96**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: BRETT, CHARLES STREET ADDRESS: 7496 INDEPENDENCE AVE. CITY-ST-ZIP: HOBE SOUND FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: JONES, ROBERT 1.3 STREET ADDRESS: 7366 INDEPENDENCE AVE. 1.4 CITY-ST-ZIP: HOBE SOUND, FL
TITLE: VD NAME: NOLAN, PAUL STREET ADDRESS: 6949 CONGRESS ST. CITY-ST-ZIP: HOBE SOUND FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: GREGORY, YNEZ STREET ADDRESS: 7824 SARATOGA SR. CITY-ST-ZIP: HOBE SOUND FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: COSENTINA, ROSALIE STREET ADDRESS: 6969 CONGRESS STREET CITY-ST-ZIP: HOBE SOUND FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: TD 4.2 NAME: THOMAS, JAMES 4.3 STREET ADDRESS: 7711 SHENANDOAH DR. 4.4 CITY-ST-ZIP: HOBE SOUND, FL
TITLE: D NAME: MCMAHON, WILLIAM STREET ADDRESS: 8091 SHENANDOAH DRIVE CITY-ST-ZIP: HOBE SOUND FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: JAMES, DON STREET ADDRESS: 7856 INDEPENDENCE CITY-ST-ZIP: HOBE SOUND FL	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *James Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/14/96**  
DATE

CR2E037 (12/95)