


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 09 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 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

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

3. Date Incorporated or Qualified: 10/16/1979  
 4. FEI Number: 59-2211955 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  
 7. Is this nonprofit corporation a homeowners association? Not for profit  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**JONES, ROBERT**  
**7366 INDEPENDENCE AVE.**  
**HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent  
 81 Name: C. PAUL NOLAN  
 82 Street Address (P.O. Box Number is Not Acceptable): 6949 Congress St.  
 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: *C. Paul Nolan* C. Paul Nolan DATE: 7/3/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: JONES, ROBERT STREET ADDRESS: 7366 INDEPENDENCE AVE. CITY-ST-ZIP: HOBE SOUND FL
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: NOLAN, PAUL STREET ADDRESS: 6949 CONGRESS ST. CITY-ST-ZIP: HOBE SOUND FL
TITLE: SD <input type="checkbox"/> DELETE	NAME: GREGORY, YNEZ STREET ADDRESS: 7824 SARATOGA SR. CITY-ST-ZIP: HOBE SOUND FL
TITLE: TD <input checked="" type="checkbox"/> DELETE	NAME: THOMAS, JAMES STREET ADDRESS: 7711 SHENANDOAH DR CITY-ST-ZIP: HOBE SOUND FL
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: MCMAHON, WILLIAM STREET ADDRESS: 6091 SHENANDOAH DRIVE CITY-ST-ZIP: HOBE SOUND FL
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: JAMES, DON STREET ADDRESS: 7856 INDEPENDENCE CITY-ST-ZIP: HOBE SOUND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: C. Paul Nolan
1.3 STREET ADDRESS: 6949 Congress	1.4 CITY-ST-ZIP: Hobe Sound, FL 33455
2.1 TITLE: TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: Linda K. Philleo
2.3 STREET ADDRESS: 7941 SE Shenandoah Dr.	2.4 CITY-ST-ZIP: Hobe Sound FL 33455
3.1 TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME: Peter DeCaprio
3.3 STREET ADDRESS: 7376 SE Independence Ave.	3.4 CITY-ST-ZIP: Hobe Sound, FL 33455
4.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME: Phillip Dewey
4.3 STREET ADDRESS: 8050 SE Shenandoah Dr.	4.4 CITY-ST-ZIP: Hobe Sound, FL 33455
5.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME: Edna Baumann
5.3 STREET ADDRESS: 7896 SE Independence Ave.	5.4 CITY-ST-ZIP: Hobe Sound, FL 33455
6.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.2 NAME: Louis Galiano
6.3 STREET ADDRESS: 7615 Opendence Ave.	6.4 CITY-ST-ZIP: Hobe Sound, FL 33455

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.

SIGNATURE: *C. Paul Nolan* C. Paul Nolan DATE: 7/3/98 DAYTIME PHONE #: 561-545-3926

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CR2E037 (5/98)