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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749348

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
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2. Principal Place of Business 21 <u>SAME</u>	2a. Mailing Address 26 <u>SAME</u>	3. Date Incorporated or Qualified 10/16/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2211955
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25 <u>MARTIN</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NOLAN, C P
 6949 CONGRESS ST
 HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name PETER DECAPRIO

82 Street Address (P.O. Box Number is Not Acceptable)
7676 SE INDEPENDENCE AVE

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: Peter Decaprio **PETER DECAPRIO** DATE: 2-28-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	NOLAN, C P	
STREET ADDRESS	6949 CONGRESS ST	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PHILLO, LINDA K	
STREET ADDRESS	7941 SE SHENANDOAH DR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GREGORY, YNEZ	
STREET ADDRESS	7824 SARATOGA SR.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEWEY, PHILLIP	
STREET ADDRESS	8050 SE SHENANDOAH DR	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAUMANN, EDNA	
STREET ADDRESS	7896 S E INDEPENDENCE AVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALIANO, LOUIS	
STREET ADDRESS	7615 INDEPENDENCE AVE	
CITY-ST-ZIP	HOBE SOUND FL 33455	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETER DECAPRIO	
1.3 STREET ADDRESS	7676 INDEPENDENCE AVE	
1.4 CITY-ST-ZIP	HOBE SOUND FL 33455	
2.1 TITLE	V PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT PALMER	
2.3 STREET ADDRESS	7695 INDEPENDENCE AVE	
2.4 CITY-ST-ZIP	HOBE SOUND FL 33455	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EVELYN SMITH	
3.3 STREET ADDRESS	7610 SE SHENANDOAH DR	
3.4 CITY-ST-ZIP	HOBE SOUND FL 33455	
4.1 TITLE	NOLAN, C PAUL (DIRECTOR)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	6949 SECOND GRESS ST	
4.3 STREET ADDRESS	HOBE SOUND FL 33455	
4.4 CITY-ST-ZIP		
5.1 TITLE	BARNIE JANDERVOOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	7696 SE INDEPENDENCE AVE	
5.3 STREET ADDRESS	HOBE SOUND FL 33455	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. LINDA K PHILLO

SIGNATURE: Linda K Phillo DATE: 2-28-99 DAYTIME PHONE #: 561-546-0431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)