FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750942 (5)

1. Corporation Name
HERITAGE RIDGE NORTH PROPERTY OWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
6510 HERITAGE RIDGE BOULEVARD HOBE SOUND FL 33455	5757 SE FEDERAL HWY STUART FL 34997 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1980
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2524653 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under F.S. 199.001 Florida Statutes ☐ Yes ☐

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

9. Name and Address of Current Registered Agent

CORNETT, JANE L
WACKEEN CORNETT & GOOGE P.A.
401 EAST OSCEOLA ST.
STUART FL 34994

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD ☒ Change ☐ Addition
NAME	MOORHOUSE, MARGARET	1.2 NAME	JACK LATHAM
STREET ADDRESS	5942 S.E. FRANKLIN PLACE	1.3 STREET ADDRESS	6744 SE YORKTOWN DRIVE
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	HOBE SOUND FL
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GOOSMAN, ROBERT	2.2 NAME	
STREET ADDRESS	6235 SE AMES WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	PHELPS, RICHARD A.	3.2 NAME	
STREET ADDRESS	6597 SE ROANOKE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	TOPPING, CHARLES A.	4.2 NAME	
STREET ADDRESS	6327 S.E. TORY PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	WITTSCHIEBE, PAUL S.	5.2 NAME	
STREET ADDRESS	7320 SE CONCORD PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	☐ Change ☐ Addition
NAME	DALLAFIOR, ALBERT	6.2 NAME	
STREET ADDRESS	6993 SE BUNKER HILL DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP	

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)(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: _____ JANUARY 17 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #
CHARLES A. TOPPING PRES — HOME 407 546-7324

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