FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 02/04/1980
3a. Date of Last Report: 01/23/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LATHAM, JACK		1.2 NAME	
STREET ADDRESS	6744 SE YORKTOWN DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	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	☐ DELETE	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	☐ DELETE	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	☒ DELETE	5.1 TITLE	TD ☐ Change ☐ Addition
NAME	WITTSCHIEBE, PAUL S.		5.2 NAME	BLACKWAY, HOWARD
STREET ADDRESS	7320 SE CONCORD PLACE		5.3 STREET ADDRESS	6279 S.E. AMES WAY
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	VPD	☐ DELETE	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	

CR2E037 (12/95)

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: _____ JANUARY 15 Date 407 546-7324 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES A. TOPPING PRESIDENT OR 287-5867