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Feb 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 # 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

4. FEI Number: 59-2524653 ☐ Applied For ☐ Not Applicable

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)

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? ☐ 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

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

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	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PHELPS, RICHARD A.		2.2 NAME	
STREET ADDRESS	6597 SE ROANOKE COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ZACHARY, HENRY B		3.2 NAME	
STREET ADDRESS	5858 SE FRANKLIN PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BLACKWAY, HOWARD		4.2 NAME	
STREET ADDRESS	6279 SE AMES WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DALLAFIOR, ALBERT		5.2 NAME	
STREET ADDRESS	6993 SE BUNKER HILL DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: Henry B. Zachary Henry B Zachary Jan 13 1998 [illegible]