

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90010 013 ****61.25

DOCUMENT # 750942

1. Corporation Name

HERITAGE RIDGE NORTH PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

6510 HERITAGE RIDGE BOULEVARD
HOBE SOUND FL 33455

Mailing Address

5757 SE FEDERAL HWY
STUART FL 34997
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

02/04/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2524653

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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
NAME LATHAM, JACK
STREET ADDRESS 6744 SE YORKTOWN DR
CITY-ST-ZIP HOBE SOUND FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME PHELPS, RICHARD A.
STREET ADDRESS 6597 SE ROANOKE COURT
CITY-ST-ZIP HOBE SOUND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME ZACHARY, HENRY B
STREET ADDRESS 5858 SE FRANKLIN PL
CITY-ST-ZIP HOBE SOUND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME BLACKWAY, HOWARD
STREET ADDRESS 6279 SE AMES WAY
CITY-ST-ZIP HOBE SOUND FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~VPD~~ ☐ DELETE
NAME DALLAFIOR, ALBERT
STREET ADDRESS 6993 SE BUNKER HILL DR
CITY-ST-ZIP HOBE SOUND FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Henry B Zachary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 (561) 287-8882
Date Daytime Phone #

0075754

CR2E037 (1/98)