

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 # **754329** (1)
1. Corporation Name
HERITAGE PINES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
7517 23RD AVENUE DRIVE WEST
~~P O BOX 7542~~
BRADENTON FL 34210 34209

3. Date Incorporated or Qualified **09/24/1980** 3a. Date of Last Report **01/30/1995**

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

4. FEI Number **59-2290588** 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
ZACH, LINDA
7517 23RD AVENUE DRIVE WEST
BRADENTON FL ~~34210~~ 34209

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 '92	
TITLE	PD DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRON, JACK	1.2 NAME	William Houlston
STREET ADDRESS	4011-78TH ST W.	1.3 STREET ADDRESS	4106 27th Ave W
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRAD. FL.
TITLE	D DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASIL, NICK	2.2 NAME	Nancy Tyler
STREET ADDRESS	7829 43RD AVE DR W	2.3 STREET ADDRESS	4008 79th St W
CITY-ST-ZIP	BRADENTON, FL 0	2.4 CITY-ST-ZIP	BRAD. FL.
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLWELL, JEANNE	3.2 NAME	Jeanne Colwell
STREET ADDRESS	4111 - 78TH ST. W.	3.3 STREET ADDRESS	1608 3RD. Ave W
CITY-ST-ZIP	BRADENTON, FL 0	3.4 CITY-ST-ZIP	BRADENTON, FL. 34209
TITLE	PV <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIS, ROBERT	4.2 NAME	Robert Fris
STREET ADDRESS	4009-78TH ST W.	4.3 STREET ADDRESS	SAME
CITY-ST-ZIP	BRADENTON, FL 0	4.4 CITY-ST-ZIP	
TITLE	TD DELETE	5.1 TITLE	Member at large <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYLER, NANCY	5.2 NAME	Raymond DA Prato
STREET ADDRESS	4008 79TH STREET WEST	5.3 STREET ADDRESS	627 CASA Belle Dr
CITY-ST-ZIP	BRADENTON, FL 0	5.4 CITY-ST-ZIP	BRAD. FL. 34209
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	900001755159 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-03/22/96--01111--040
STREET ADDRESS		6.3 STREET ADDRESS	***\$1.25
CITY-ST-ZIP		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)(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: *William Houlston* 2-6-96 941-751-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

3-22-96