

# 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  
**7517 23RD AVENUE DRIVE WEST  
P O BOX 7542  
BRADENTON FL 34209**

Mailing Address  
**7517 23RD AVENUE DRIVE WEST  
P O BOX 7542  
BRADENTON FL 34210**

3. Date Incorporated or Qualified  
**09/24/1980**

3a. Date of Last Report  
**01/30/1995**

4. FEI Number  
**59-2290588**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

**ZACH, LINDA  
7517 23RD AVENUE DRIVE WEST  
BRADENTON FL 34209**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HERRON, JACK	
STREET ADDRESS	4011-78TH ST W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BASIL, NICK	
STREET ADDRESS	7829 43RD AVE DR W	
CITY-ST-ZIP	BRADENTON, FL 0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COLWELL, JEANNE	
STREET ADDRESS	4111 - 78TH ST. W.	
CITY-ST-ZIP	BRADENTON, FL 0	
TITLE	PV	<input type="checkbox"/> DELETE
NAME	FRIS, ROBERT	
STREET ADDRESS	4009-78TH ST W.	
CITY-ST-ZIP	BRADENTON, FL 0	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TYLER, NANCY	
STREET ADDRESS	4008 79TH STREET WEST	
CITY-ST-ZIP	BRADENTON, FL 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Hauliston	
1.3 STREET ADDRESS	4106 27th Ave W	
1.4 CITY-ST-ZIP	BRAD. FL.	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Nancy Tyler	
2.3 STREET ADDRESS	4008 78TH ST W	
2.4 CITY-ST-ZIP	BRAD. FL.	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeanne Colwell	
3.3 STREET ADDRESS	1608 3RD. AVE W	
3.4 CITY-ST-ZIP	BRADENTON, FL. 34209	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert Fris	
4.3 STREET ADDRESS	SAME	
4.4 CITY-ST-ZIP		
5.1 TITLE	Member at large	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Raymond DA Prato	
5.3 STREET ADDRESS	624 CASA Belle Dr	
5.4 CITY-ST-ZIP	BRAD. FL. 34209	
6.1 TITLE	900001755159	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/22/96--01111--040	
6.3 STREET ADDRESS	***61.25	
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 Hauliston*

2-6-96

941-751-1180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)