

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754489 (3)**

1. Corporation Name  
**THE HERITAGE HOUSE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>2736 N.E. 10TH STREET POMPANO BEACH FL 33062</b>	Mailing Address <b>2736 N.E. 10TH STREET POMPANO BEACH FL 33062-4218</b>
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2. Principal Place of Business <b>21 3215 NE 15 ST</b> Suite, Apt. #, etc. <b>22 POMPANO BEACH</b> City & State <b>23 FLA</b> Zip <b>24 33062</b> Country <b>25 USA</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>		3. Date Incorporated or Qualified <b>10/03/1980</b>	3a. Date of Last Report <b>10/21/1996</b>
		4. FEI Number <b>59-2082935</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>WEBB, PAUL, S 2736 NE 10 ST POMPANO BCH. FL 33062</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) (DATE \_\_\_\_\_)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
			2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP		
			3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP		
			4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP		
			5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP		
			6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP		

14. I do 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: *Paul S. Webb* PSWEBB 1/10/97 954-942-9759

CR2E037 (9/96)