

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations
2000 LIBR

DOCUMENT # 762895

1. Corporation Name

HERITAGE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1101 RANCH ROAD
VERO BEACH FL 32966

1101 RANCH ROAD
VERO BEACH FL 32966

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1106 FRIENDSHIP DR.

5. FEI Number

59-2181689

Applied For

Not Applicable

City & State

City & State

VERO BEACH, FL.

Zip

Country

Zip

Country

32966

U-S-A.

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HUTCHINSON, RICHARD	106 HERITAGE BLVD 318	VERO BEACH FL 32966
VP	GIBSON, CHARLES ANN. GRIFFIN	20 COLONY DR 181 CONGRESS ST.	VERO BEACH FL 32966
VP	BERGMANN, LOUIS	200 LIBERTY ST	VERO BEACH FL 32966
D	DAHDAH, JOSEPH	820 CONCORD ST	VERO BEACH FL 32966
D	CLARK, MARSHALL	224 LIBERTY ST	VERO BEACH FL 32966
T	STREETER, JOSEPH	1106 FRIENDSHIP DR	VERO BEACH FL 32966

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLARK, ROBERT C
1936 41TH AVE.
VERO BEACH FL 32966

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD D. HUTCHINSON

Date

Daytime Phone #

10/30/00 561-567-7414

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2082

762895

TO KATHERINE HARRIS SECRETARY OF STATE

FR R.D.HUTCHISON
PRESIDENT HERITAGE VILLAGE HOMEOWNERS ASSOCIATION
DOCUMENT #762895.....FE1#59-218689
WE NEVER RECCEIVED OUR FORM TO RENEW FOR THIS CURRENT YEAR.
RE
PLEASE REVIEW OUR CASE
THANK YOU R.D.HUTCHISON
1-561-567-7414
318 HERITAGE VILLAGE
VERO BEACH 32966

R.D. Hutchison
11/26/00