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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:49

DOCUMENT # K49174 (1)

1. Corporation Name
HERITAGE CLUB ESTATE HOMES, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM M. SEIDER 1550 RINGLING BLVD. SARASOTA FL 34236	C/O WILLIAM M. SEIDER 1550 RINGLING BLVD. SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/05/1988
3a. Date of Last Report: 02/15/1994
4. FEI Number: 65-0097785 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3957 ASHWOOD LANE	26 2831 RINGLING BLVD.
22 Suite, Apt. #, etc.	27 SUITE 215 E
23 City & State: SARASOTA FL	28 City & State: SARASOTA FL
24 Zip: 34232 25 Country: SARASOTA	29 Zip: 34237 30 Country: SARASOTA

9. Name and Address of Current Registered Agent

SEIDER, WILLIAM M.
1550 RINGLING BLVD.
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: JAMES RICHARDSON C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2831 RINGLING BOULEVARD
83: RINGLING PROFESSIONAL BUILDING SUITE 215E
84 City: SARASOTA FL 85 Zip Code: 34237

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James B. Richardson 2/14/95
Signature of, 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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, HUGH	1.2 NAME	
STREET ADDRESS	3957 ASHWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	REIDER, CSABA	2.2 NAME	
STREET ADDRESS	3957 ASHWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Allen FEB 01 /95 813-953-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0341262 QP