

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N23079 (9) 1. Corporation Name AMERICAN HERITAGE NEIGHBORHOOD ASSOCIATION INCORPORATED			
Principal Place of Business PO BOX 593862 ORLANDO FL 32859-3862		Mailing Address PO BOX 593862 ORLANDO FL 32859-3862	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1987		3a. Date of Last Report 03/13/1996	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 65-0004207		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		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				10. Name and Address of New Registered Agent			
DAVIS, DANIEL E. 549 CONSTITUTION DR ORLANDO FL 32809				81 Name DAVIS, DANIEL E.			
				82 Street Address (P.O. Box Number is Not Acceptable) 549 CONSTITUTION DR.			
				83			
				84 City ORLANDO			
				85 Zip Code FL 32809			

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: Daniel E. Davis (NOTE: Registered Agent Signature Required When Changing) **DANIEL E. DAVIS** **JAN. 25 1997**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PITTMAN, BETTY			1.2 NAME	CRANDALL, SUSAN		
STREET ADDRESS	636 AMERICAN HERITAGE PARKWAY			1.3 STREET ADDRESS	560 CONSTITUTION DR.		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	ORLANDO FL 32809		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOSACANO, CATHERINE			2.2 NAME			
STREET ADDRESS	625 AMERICAN HERITAGE PARKWAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, DANIEL			3.2 NAME			
STREET ADDRESS	549 CONSTITUTION DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRACY, DEE			4.2 NAME	PITTMAN, BETTY		
STREET ADDRESS	576 AMERICAN HERITAGE PARKWAY			4.3 STREET ADDRESS	636 AMERICAN HERITAGE PKWY		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	ORLANDO FL 32809		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Daniel E. Davis **DANIEL E. DAVIS** **JAN. 25 1997** **841-8929**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018116

CR2E037 (9/96)