


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90079 013 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N23079</b>					
1. Corporation Name <b>AMERICAN HERITAGE NEIGHBORHOOD ASSOCIATION INCORPORATED</b>					
Principal Place of Business <b>PO BOX 53862 ORLANDO FL 32859-3862</b>			Mailing Address <b>PO BOX 593862 ORLANDO FL 32859-3862</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/19/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0004207	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 <u>Crandall, Susan D</u> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <u>560 Constitution Drive</u> 84 City <u>Orlando</u> <u>FL</u> 85 Zip Code <u>32809</u>			

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 Susan Crandall Treasurer 4/14/99  
Signature, 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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRANDALL, SUSAN			1.2 NAME	Losacano, Catherine		
STREET ADDRESS	560 CONSTITUTION DR.			1.3 STREET ADDRESS	625 American Heritage Parkway		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	Orlando, FL 32809		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOSACANO, CATHERINE			2.2 NAME	Patrick, Sue		
STREET ADDRESS	625 AMERICAN HERITAGE PARKWAY			2.3 STREET ADDRESS	473 American Heritage Ct		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	Orlando, FL 32809		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, DANIEL			3.2 NAME	Susan Crandall		
STREET ADDRESS	549 CONSTITUTION DR			3.3 STREET ADDRESS	560 Constitution Dr		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	Orlando FL 32809		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PITTMAN, BETTY			4.2 NAME	Acosta, Susan		
STREET ADDRESS	636 AMERICAN HERITAGE PKWY			4.3 STREET ADDRESS	6766 Paul Revere Court		
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 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, with all other like empowered.

SIGNATURE: Susan Crandall 4/14/99 851-4412  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0018715

CR2E037 (1/98)