

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

0028335

05-29-2001 90007 009 ****61.25

DOCUMENT # N23079

1. Entity Name

AMERICAN HERITAGE NEIGHBORHOOD ASSOCIATION INCOR

Principal Place of Business

Mailing Address

PO BOX 593862
 ORLANDO FL 32859-3862
 US

PO BOX 593862
 ORLANDO FL 32859-3862
 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0004207

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRANDALL, SUSAN D
 560 CONSTITUTION DRIVE
 ORLANDO FL 32809

Name **MAC FARLANE, ROBERT**

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

City **ORLANDO**

FL

Zip Code **32809**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Robert A. MacFarlane*

4-30-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME COSACANO, CATHERINE Delete
 STREET ADDRESS 1625 AMERICAN HERITAGE PARKWAY
 CITY-ST-ZIP ORLANDO FL 32809

TITLE
 NAME LOSACANO, CATHERINE Change Addition
 STREET ADDRESS 1625 AMERICAN HERITAGE PARKWAY
 CITY-ST-ZIP ORLANDO, FL 32809

TITLE VD Delete
 NAME PATRICK, SUE
 STREET ADDRESS 473 AMERICAN HERITAGE COURT
 CITY-ST-ZIP ORLANDO FL 32809

TITLE ~~ERNEST~~ WEGA, ERNIE Change Addition
 NAME
 STREET ADDRESS 401 DECLARATION DRIVE
 CITY-ST-ZIP ORLANDO, FL 32809

TITLE TD Delete
 NAME CRANDALL, SUSAN
 STREET ADDRESS 560 CONSTITUTION DRIVE
 CITY-ST-ZIP ORLANDO FL 32809

TITLE
 NAME MACFARLANE, ROBERT Change Addition
 STREET ADDRESS 403 DECLARATION DRIVE
 CITY-ST-ZIP ORLANDO, FL 32809

TITLE SD Delete
 NAME ACOSTA, SUSAN
 STREET ADDRESS 6766 PAUL REVERE COURT
 CITY-ST-ZIP ORLANDO FL 32809

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerer.

SIGNATURE: *Robert A. MacFarlane*

4/30/01 **407-9916-2543-W**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)