2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/7/

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-07-2003 90142 015 ****61.25

DOCUMENT # N23079

1. Entity Name
AMERICAN HERITAGE NEIGHBORHOOD ASSOCIATION INCORPORATED

Principal Place of Business	Mailing Address
PO BOX 593862 ORLANDO FL 32859-3862 US	PO BOX 593862 ORLANDO FL 32859-3862 US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0004207 ☐ Applied For ☐ Not Applicable

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
MACFARLANE, ROBERT 403 DELCARATION DRIVE ORLANDO FL 32809	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD COSACANO ☐ Delete	TITLE	Board Member ☐ Change ☒ Addition
NAME	COSACANO, CATHERINE	NAME	Eugene Pasquale
STREET ADDRESS	1625 AMERICAN HERITAGE PARKWAY	STREET ADDRESS	6777 Paul Revere Ct
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	Orlando Fla 32809
TITLE	VD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	WEGA, ERNIE	NAME	
STREET ADDRESS	473 AMERICAN HERITAGE COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
TITLE	TD Treasurer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MACFARLANE, ROBERT	NAME	
STREET ADDRESS	560 CONSTITUTION DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
TITLE	SD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ACOSTA, SUSAN	NAME	
STREET ADDRESS	6766 PAUL REVERE COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
TITLE	Secretary ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	Paula Edger	NAME	
STREET ADDRESS	623 Thomas Jefferson	STREET ADDRESS	
CITY-ST-ZIP	Orlando Fla 32809	CITY-ST-ZIP	
TITLE	Board Member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Joy Bristow	NAME	
STREET ADDRESS	623 Thomas Jefferson	STREET ADDRESS	
CITY-ST-ZIP	Orl 32809 Brad Clark	CITY-ST-ZIP	

CR2E037 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Catherine Cosacano, Pres. — 6/8/2003 — 407-855-8374

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #