


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

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

5/7/

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

DOCUMENT # N23079					
1. Entity Name AMERICAN HERITAGE NEIGHBORHOOD ASSOCIATION INCORPORATED					
Principal Place of Business PO BOX 593862 ORLANDO FL 32859-3862 US		Mailing Address PO BOX 593862 ORLANDO FL 32859-3862 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0004207	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACFARLANE, ROBERT 463 DELCARATION DRIVE ORLANDO FL 32809			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 ROSACANO	<input type="checkbox"/> Delete	TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSACANO, 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 FL 32809	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEGA, ERNIE		NAME		
STREET ADDRESS	473 AMERICAN HERITAGE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP		
TITLE	TD MacFarlane	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACFARLANE, ROBERT		NAME		
STREET ADDRESS	560 CONSTITUTION DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, SUSAN		NAME		
STREET ADDRESS	6766 PAUL REVERE COURT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32809		CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULA EDGER		NAME		
STREET ADDRESS	623 THOMAS JEFFERSON		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FLA 32809		CITY-ST-ZIP		
TITLE	Board Member	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goy Bristow		NAME		
STREET ADDRESS	623 Thomas Jefferson		STREET ADDRESS		
CITY-ST-ZIP	Orl 32809		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, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		SIGNATURE REQUIRED _____ <i>Catherine Rosacano, Pres.</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 6/8/2003 Daytime Phone # 407-855-8374			

CR2E037 (10/02)