

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32241** (4)

1. Corporation Name

HERITAGE SQUARE ONE OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

501 E. OAK STREET, SUITE F
KISSIMMEE FL 34744

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KISSIMMEE FL 34744

3. Date Incorporated or Qualified
05/11/1989

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

59-3202707

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORMAN, AUSTIN D
501 E. OAK STREET, SUITE F
KISSIMMEE FL 34744**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 DELETE
NAME NORMAN, AUSTIN D
STREET ADDRESS 501 E. OAK STREET, SUITE F
CITY-ST-ZIP KISSIMMEE FL 34744

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME TULLY, WILLIAM E
STREET ADDRESS 501 E. OAK STREET, SUITE F
CITY-ST-ZIP KISSIMMEE FL 34744

2.1 TITLE Change Addition
2.2 NAME *VPD Tully, William E.*
2.3 STREET ADDRESS *501 E OAK ST. STE. F*
2.4 CITY-ST-ZIP *KISSIMMEE, FL 34744*

TITLE STD DELETE
NAME NORMAN, DEBORAH D
STREET ADDRESS 501 E. OAK STREET, SUITE F
CITY-ST-ZIP KISSIMMEE FL 34744

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Austin D Norman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 407-932-1200
Date Daytime Phone #

CFR2E037 (12/95)