

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90099 042 \*\*\*\*61.25

**DOCUMENT # N32241**

1. Entity Name

**HERITAGE SQUARE ONE OFFICE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~501 E. OAK STREET, SUITE F  
 KISSIMMEE FL 34744~~

~~501 E. OAK STREET SUITE F  
 KISSIMMEE FL 34744~~

2. Principal Place of Business

3. Mailing Address

**1778 LISA LANE**

**1778 LISA LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KISSIMMEE, FL**

City & State

**KISSIMMEE, FL**

4. FEI Number

**59-3202707**

Applied For

Not Applicable

Zip

**34744**

Country

**USA**

Zip

**34744**

Country

**USA**

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

**NORMAN, AUSTIN D  
 1778 LISA LANE  
 KISSIMMEE FL 34744**

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

*Austin D Norman*

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

(NOTE: Registered Agent signature required when reinstating)

**8/28/02**

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAN, AUSTIN D</b>	
STREET ADDRESS	<b>501 E. OAK STREET, SUITE F</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CONLEY, DAVID J</b>	
STREET ADDRESS	<b>501 E. OAK STREET, SUITE F</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>NORMAN, DEBORAH D</b>	
STREET ADDRESS	<b>1778 LISA LANE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

*Austin D Norman*

**8/28/02**

**407-343-5155**

CR2E037 (4/02)



DO NOT WRITE IN THIS SPACE