


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47829 (9) 1. Corporation Name HERITAGE ACRES HOMEOWNERS' ASSOCIATION OF BREVAR D, INC.					
Principal Place of Business 1311 SEQUOIA PL ROCKLEDGE FL 32955 US			Mailing Address P O BOX 561311 ROCKLEDGE FL 32955 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/12/1992 4. FEI Number 59-3111959 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent TAYLOR, ROBERT 1314 SEQUOIA PLACE ROCKLEDGE FL 32955			
10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD PHILLIP, BEYEL <input type="checkbox"/> DELETE 1215 HERITAGE ACRE BLVD. ROCKLEDGE FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VD BECKNER, CHUCK <input type="checkbox"/> DELETE 1223 SALMONBERRY PLACE ROCKLEDGE FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TD TAYLOR, ROBERT <input type="checkbox"/> DELETE 1314 SEQUOIA PLACE ROCKLEDGE FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		SD THOMPSON, CAMILLE <input type="checkbox"/> DELETE 1305 PEPPERTREE PLACE ROCKLEDGE FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		1.2 NAME			
1.3 STREET ADDRESS		1.4 CITY - ST - ZIP			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		2.2 NAME			
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP			
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		3.2 NAME			
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP			
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		4.2 NAME			
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		5.2 NAME			
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		6.2 NAME			
6.3 STREET ADDRESS		6.4 CITY - ST - ZIP			



CR2E087 (10/97)

14. 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 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: Robert Taylor Treasurer 1/13/98 407-631-0452