03021999-90069-047-$61.25-$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90069 047 ****61.25

*NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47829

1. Corporation Name
HERITAGE ACRES HOMEOWNERS' ASSOCIATION OF BREVARD, INC.

543002 - 90344 - 20

Principal Place of Business	Mailing Address
1311 SEQUOIA PL ROCKLEDGE FL 32955 US	P O BOX 561311 ROCKLEDGE FL 32956 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 03/12/1992 4. FEI Number 59-3111959 ☐ 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PHILLIP, BEYEL 1215 HERITAGE ACRE BLVD. ROCKLEDGE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DENNIS MILLER PRES PD 1220 HERITAGE BLVD Rockledge FL 32955
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BECKNER, CHUCK 1223 SALMONBERRY PLACE ROCKLEDGE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V. PRES MICHAEL A Smith V.D 1240 Heritage Blvd Rockledge FL 32955
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TAYLOR, ROBERT 1314 SEQUOIA PLACE ROCKLEDGE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREAS ROBERT TAYLOR T.D 1314 SEQUOIA PL Rockledge FL 32955
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMPSON, CAMILLE 1305 PEPPERTREE PLACE ROCKLEDGE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SD Camile Thompson SD 1305 Pepper Tree Place Rockledge FL 32955
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 1/20/99 407-631-0452 T.D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #