FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

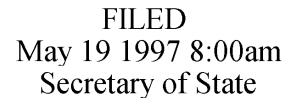
DOCUMENT #

Principal Place of Business

LINKSIDE AT MEADOWBROOK CONDOMINIUM ASSOCIATION,

		144114 OP44F11T	000000
¥.	HERITAGE	MANAGEMENT	CORPORA

Mailing Address





% HERITAGE N P.O. BOX 2495 OCALA FL 3441		% Heritage Managemen P.O. Box 2495 Ocala FL 34478-2495	T CORPORATION	3. Date incorporated or Qualified 07/22/1992	3a. Date of Last Rep 02/14/199	эол 6	
2. Principal Place of Business			7050	4. FEI Number 59-3168944		lied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		\$8.75 Additional Fee Required		
City & State	ite F	27 Suite 30 City & State			6. Election Campaign Financing \$5.00 May Be		
Gain	esville, FL.	28 Gainesville.	FI.	Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,			
24 32606 25 29 32614-7050 30 9. Name and Address of Current Registered Agent			30	Florida Statutes 10. Name and Address of New Re	Yes No	-,	
	9. Halle allo Address of Colle	sur unflereien wheir	B1 Name	_	hereigo Again	•	
	MES E V 27TH AVE. FL 34474		83	Smith. 3everly K. dress (P.O. Box Number Is Not Acceptab O NW 41 3t.	l o)		
			84 City Ga	te F inesville	FL 85 Zip Co	iŔ.	
SIGNATURE _	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or protect name in registered	te of Florida Such change was at igations of, Section 617.0503, Floringert and lette of applicable. (NOTE	uthorized by the corpori rida Statutes. Ly K. Smit Redefered Agent signature req	rporation submits this statement for the pation's board of directors. I hereby acception when reinstating)	t the appointment as re	gistered	
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	IN 12	
TITLE	PD	☐ DELETE	1.1 TITUE		Change	Addition Addition	
NAME	SERVIDIO, LEO M		1.2 NAME				
STREET ADDRESS	3615 W 104TH DR. Gainesville Fl		1.3 STREET ADORESS				
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change	Addition	
NAME	KRASTIN, CHARLOTTE		2.2 NAME				
STREET ADDRESS	3613 NW 104 DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL		2 4 CITY-ST-ZIP				
TITLE	STD	DELETE	31 TITLE		Change	☐ Addition	
NAME	WICKWIRE, ROBERT		3.2 NAME	•			
STREET ADDRESS	3617 NW 104 DR.		3.3 STREET ADDRESS		•		
CITY-ST-ZIP TITLE	GAINESVILLE FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	Addition	
NAME		ب عدد ا	4. 2 NAME		- annually		
STREET ADDRESS	i		43 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5 1 TITLE		Change	☐ Addition	
name			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP		DELETE	5.4 CITY-ST-ZIP	<u> </u>	☐ Change	Addition	
THILE		רין הברבוב	6.1 TITLE		L. Change	L.J AQUIDON	
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	•		
CITY-ST-ZIP			6.4 CRY-ST-ZIP	` ;			
	are continued that the information cumple	ind with this filing done not qualify		ed in Section 119 07/3\/i\	I further certify that th		

information indicated on this annual report or supplemental annual report is true and accurate and I am an officer or director of the corporation or the receiver or trustee empowered to execute this appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _

-2618