

**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 # N95000002024 (6)

1. Corporation Name  
**THE HERITAGE DISTRICT ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**7380 MURRELL ROAD SUITE 201 VIERA FL 32940**

3. Date Incorporated or Qualified **04/24/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-3312992** 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

9. Name and Address of Current Registered Agent

**BLAKE, R. MASON  
7380 MURRELL ROAD  
SUITE 201  
VIERA FL 32940**

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	READER, PERRY J	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL 32940	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLAKE, R. MASON	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL 32940	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, C. SCOTT	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL 32940	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JENS, JANE S	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL 32940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	R. MASON BLAKE	
2.3 STREET ADDRESS	7380 Murrell Road Suite 201	
2.4 CITY-ST-ZIP	Viera, FL 32940	
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	Paul Martell / T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	7380 MURRELL ROAD Suite 201	
4.4 CITY-ST-ZIP	Viera, FL	
5.1 TITLE	Vice President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jay Decator	
5.3 STREET ADDRESS	7380 Murrell Road Suite 201	
5.4 CITY-ST-ZIP	Viera, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Scott Miller* **Scott Miller** **3/3/96** **(407) 242-1200**  
Date Daytime Phone #

CR2E037 (12/95)