


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002024 (6)
1. Corporation Name
THE HERITAGE DISTRICT ASSOCIATION, INC.



Principal Place of Business 7380 MURRELL ROAD SUITE 201 VIERA FL 32940	Mailing Address 7380 MURRELL ROAD SUITE 201 VIERA FL 32940
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3. Date Incorporated or Qualified 04/24/1995	
4. FEI Number 59-3312992	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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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 checked="" 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 checked="" type="checkbox"/> 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	JAY A. DECATOR, III
82 Street Address (P.O. Box Number is Not Acceptable)	7380 MURRELL ROAD, Ste 201
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: *Jay A. Decator III* **JAY A. DECATOR, III** DIRECTOR DATE: **2-10-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DECATOR, JAY	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLAKE, R. MASON	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTELL, PAUL	
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201	
CITY-ST-ZIP	VIERA FL	
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	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	32940	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	32940	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	32940	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOAN CEROW	
4.3 STREET ADDRESS	7380 MURRELL RD, SUITE 201	
4.4 CITY-ST-ZIP	VIERA FL 32940	
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	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MICHAEL DICK	
6.3 STREET ADDRESS	7380 MURRELL RD, SUITE 201	
6.4 CITY-ST-ZIP	VIERA, FL 32940	

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: *Jay A. Decator III* **JAY A. DECATOR, III** DATE: **2-10-98** (407) 242-1200

CR2E037 (10/97)