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NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000000606 (1)**

1. Corporation Name

HERITAGE VILLAGE HOMEOWNERS ASSOCIATION CORPORAT ION OF LARGO

Principal Place of Business	Mailing Address
ALVIN MUELLER 12840 SEMINOLE BLVD LOT 45 LARGO, FL 33778	ALVIN MUELLER 12840 SEMINOLE BLVD. LOT 45 LARGO FL 33778

	Principal Place of Business	Mailing Address
2. / 2a.	21 12840 SEMINOLE BLVD	26 12840 SEMINOLE BLVD
Suite, Apt. #, etc.	22 LOT 45	27 LOT 45
City & State	23 LARGO FLORIDA	28 LARGO FLORIDA
Zip / Country	24 33778 / 25	29 33778 / 30

3. Date Incorporated or Qualified: 02/05/1996

4. FEI Number: 59-2421877 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLS, DORIS F FIELD
12840 SEMINOLE BLVD, ~~LOT 21~~ 80
LARGO FL 34648-2303

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	P JALLAMD, WILLIAM 12840 SEMINOLE BLVD 22G LARGO FL 33778	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	JALLAND 12840 SEMINOLE BLVD 24	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MILLS, THOMAS 12840 SEMINOLE BLVD 21 LARGO FL 33778	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP NICHOL, GORDON 12840 SEMINOLE BLVD 82 LARGO FL 33778	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JALLAMD, PEGGY 12840 SEMINOLE BLVD 22G LARGO FL 33778	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	JALLAND 12840 SEMINOLE BLVD 24	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MUELLER, ALVIN 12840 SEMINOLE BLVD 41 LARGO FL 33778	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	12840 SEMINOLE BLVD. 45	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOUDREAULT, MARCEL 12840 SEMINOLE BLVD 41 LARGO FL 33778	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D BLESI, WAYNE 12840 SEMINOLE BLVD. 81 LARGO FL 33778	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORKMAN, GINNY 12840 SEMINOLE BLVD 38 LARGO FL 33778	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D BLACK, EDNA 12840 SEMINOLE BLVD. 18 LARGO, FL 33778	☒ Change ☐ Addition

CR2E037 (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: William Jallaund MAR 25/98 587-9856
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #