

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000000747 (3)**

1. Corporation Name

**HERITAGE PLACE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1017 E. SOUTH STREET  
ORLANDO FL 32801**

**1017 E. SOUTH STREET  
ORLANDO FL 32801**

2. Principal Place of Business

2a. Mailing Address

21 **3108 Antietam Creek Ct**

26 **PO Box 700645**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Orlando, FL**

28 **St. Cloud, FL**

Zip

Zip

24 **32837**

Country

29 **34770**

Country

25 **USA**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/12/1996**

4. FEI Number

**59-3382798**

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

10. Name and Address of New Registered Agent

**HILL, CAREY L  
1017 E. SOUTH STREET  
ORLANDO FL 32801**

81 Name **Harkley R Thornton, esquire**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1010 Pennsylvania Ave**  
83  
84 City **St Cloud** **FL** 85 Zip Code **34769**

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 **Harkley R Thornton**  
Signature typed or printed name of registered agent and title if applicable

**Harkley R Thornton**  
(NOTE: Registered Agent signature required when reinstating)

**9/22/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HILL, CAREY L</b>	
STREET ADDRESS	<b>1017 E. SOUTH STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CASEY, DENNIS</b>	
STREET ADDRESS	<b>1017 E. SOUTH STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GLANCE, GEORGE</b>	
STREET ADDRESS	<b>108 PARK PLACE BLVD.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 32474</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Bill Hensley</b>	
1.3 STREET ADDRESS	<b>3108 Antietam Creek Court</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32837</b>	
2.1 TITLE	<b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Peter DeLuca</b>	
2.3 STREET ADDRESS	<b>12517 Lynchburg Court</b>	
2.4 CITY-ST-ZIP	<b>Orlando, FL 32837</b>	
3.1 TITLE	<b>D/S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Evan Lurdell</b>	
3.3 STREET ADDRESS	<b>12826 Gettysburg Circle</b>	
3.4 CITY-ST-ZIP	<b>Orlando, FL 32837</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 checked, or on an attachment with an address.

SIGNATURE **Bill Hensley**

**4/22/98 (S) 812-7639**

CR2E037 (10/97)