

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000002819 (0)

1. Corporation Name

HERITAGE AFFORDABLE HOUSING, INC.



Principal Place of Business

101 GEORGE KING BLVD
SUITE 4
CAPE CANAVERAL FL 32920

Mailing Address

101 GEORGE KING BLVD
SUITE 4
CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified
10/27/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 450 Challenger Road

Suite, Apt. #, etc

22 N/A

City & State

23 Cape Canaveral, FL

Zip

24 32920

Country

25 Brevard

2a. Mailing Address

26 450 Challenger Road

Suite, Apt. #, etc.

27 N/A

City & State

28 Cape Canaveral, FL

Zip

29 32920

Country

30 Brevard

4. FEI Number

59-3148897

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

POPP, GREGORY A ESO
101 GEORGE KING BLVD
SUITE 4
CAPE CANAVERAL FL 32920

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
450 Challenger Road

83

84 City
Cape Canaveral

FL

85 Zip Code
32920

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of agent

(If title of registered agent signature is required, also insert title)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCPHILLIPS, MICHAEL
STREET ADDRESS 101 GEORGE KING BLVD SUITE 4
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ DELETE

TITLE VSTD
NAME MCPHILLIPS, JACQUELINE
STREET ADDRESS 101 GEORGE KING BLVD SUITE 4
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 450 Challenger Road
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 450 Challenger Road
24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition
32 NAME V
33 STREET ADDRESS Michael Hartman
34 CITY-ST-ZIP 450 Challenger Road
Cape Canaveral, FL 32920 ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(a), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jacqueline McPhillips

Date 4/3/96 Daytime Phone (407) 799-4090

CR2E034 (12/95)