

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P92000002819

1. Corporation Name

HERITAGE AFFORDABLE HOUSING, INC.

Principal Place of Business

450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920  
US

Mailing Address

450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920  
US

FILED  
Mar 23, 1999 8:00 am  
Secretary of State

03-23-1999 90020 014 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1992

4. FEI Number

59-3148897

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

POPP, GREGORY A ESQ  
450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81 Name Michael A. Hartman  
82 Street Address (P.O. Box Number is Not Acceptable) 450 Challenger Rd  
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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE	PD
NAME	MCPHILLIPS, MICHAEL
STREET ADDRESS	450 CHALLENGER ROAD
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	VSTD
NAME	MCPHILLIPS, JACQUELINE
STREET ADDRESS	450 CHALLENGER ROAD
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	V
NAME	HARTMAN, MICHAEL
STREET ADDRESS	450 CHALLENGER ROAD
CITY-ST-ZIP	CAPE CANAVERAL FL
TITLE	V
NAME	COLVARD, ALISON
STREET ADDRESS	450 CHALLENGER ROAD
CITY-ST-ZIP	CAPE CANAVERAL FL 32920

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D/V
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DIP/T/S
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

ALISON KERR - HULL COLVARD

2/15/99 407-799-4090

Date

Daytime Phone #

CR2E034 (11/98)

010857