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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000082510 (4)

HERITAGE CEDAR POND, INC.

Principal Place of Business Mailing Address 450 CHALLENGER ROAD 450 CHALLENGER ROAD CAPE CANAVERAL FL 32820-4228 CAPE CANAVERAL FL 32920 3. Date Incorporated or Qualified 3a. Date of Last Report 10/07/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3403294 26 Not Applicable Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional  $\mathbf{x}$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Country Zio Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Popp. COLVARD, ALISON K Gregory A. 450 CHALLENGER ROAD Street Address (P.O. Box Number is Not Acceptable) 450 Challenger Road 82 CAPE CANAVERAL FL 32920 вэ Cape Canaveral 64 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 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 log lean, typed or proted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 96/6) 13. Addition Change ☐ DELETE TOLE 1.1 TITLE MCPHILLIPS, MICHAEL NAMI 1.2 NAME **450 CHALLENGER ROAD** 1.3 STREET ADDRESS STREET ADDRESS CAPE CANAVERAL FL 32920 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE D/P/S/T Change X Addition 2.1 TITLE THILF McPhillips, Jacqueline 2.2 NAME NAME 450 Challenger Road 2.3 STREET ADDRESS STHEET ADDRESS Cape Canaveral, FL 32920 2.4 CITY-ST-ZIP 017Y-\$1-7P Addition ■ DELETE Change 3.1 TITLE THE Hartman, Michael 3.2 NAME NAME 450 Challenger Road 3.3 STREET ADDRESS STREET ADDRESS Cape Canaveral, FL 3.4. CITY-S7-ZIP CHY ST-ZP ☐ Change X Addition DELETE 4.1 TITLE TITLE Colvard, Alison Kerr-Hull 4.2 NAME NAME 450 Challenger Road 43 STREET ADDRESS STREET ADDRESS Cape Canaveral, FL 32920 44 CiTY-ST-ZIP CITY-S1-ZIP Change DELETE 51 TITLE THEF 52 NAME 000002197590 NAME 5 3 STREET ADDRESS -06/02/97--01079--001 STREET ADDRESS 5.4 City-ST-ZIP COLY-ST-ZIP DELETE Change THELE 6.1 TITLE

6.2 NAME

14. I do 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

6.3 SYREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CHY-ST ZIP

MILET CHILD COUNTY OF P.

appears in Block 12 or Block 13 if changed, or on an attachment with an address

3/28/97 407-799-4090 ex: 284

FILED

May 20 1997 8:00am

Secretary of State

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