

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748002

1. Entity Name

HERITAGE PINES IMPROVEMENT ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90058 050 ****61.25

Principal Place of Business

Mailing Address

P O BOX 93-4796
MARGATE FL 33093-4796
US

P O BOX 93-4796
MARGATE FL 33093-4796
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2122452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRALEY, STEPHEN J.
ATTORNEY AT LAW
3990 SHERIDAN STREET STE 109
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS OSBORN, TOM
CITY-ST-ZIP 5512 SW 9 PLACE
MARGATE FL

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Phyllis Reynolds
CITY-ST-ZIP 5571 SW 10th Place
Margate FL 33068

TITLE ☐ Delete
NAME D
STREET ADDRESS KIRBY, JAMES
CITY-ST-ZIP 5523 SW 9 PLACE
MARGATE FL

TITLE ☐ Change ☒ Addition
NAME President
STREET ADDRESS David Marshbarger
CITY-ST-ZIP 5522 SW 9th Place
Margate FL 33068

TITLE ☒ Delete
NAME T
STREET ADDRESS ENO, JAMES
CITY-ST-ZIP 900 SW 56TH AVE
MARGATE FL 33068

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Laura Perry
CITY-ST-ZIP 833 SW 56th Ave
Margate FL 33068

TITLE ☐ Delete
NAME D
STREET ADDRESS ANTHONY, IVEN
CITY-ST-ZIP 5502 SW 9TH PL
MARGATE FL 33068

TITLE ☐ Change ☒ Addition
NAME Board Member
STREET ADDRESS Humberto Jimenez
CITY-ST-ZIP 5527 SW 8th Pl
Margate FL 33068

TITLE ☒ Delete
NAME D
STREET ADDRESS REYNOLDS, ANN
CITY-ST-ZIP 967 SW 56TH AVE
MARGATE FL 33068

TITLE ☐ Change ☒ Addition
NAME Assistant Secretary
STREET ADDRESS Sandra L. Richardson
CITY-ST-ZIP 884 SW 55 Terr
Margate FL 33068

TITLE ☒ Delete
NAME P
STREET ADDRESS SULTZER, CHARLES
CITY-ST-ZIP 891 SW 55 TERR.
MARGATE FL

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Jenny DaSilva
CITY-ST-ZIP 5560 SW 56th Ave
Margate FL 33068

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00

954/776-4411