

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90142 047 \*\*\*\*61.25

**DOCUMENT # 748002**

1. Entity Name

**HERITAGE PINES IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **DRYSDALE, JAMES**  
STREET ADDRESS **5570 S.W. 8TH PLACE**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☒ Delete  
NAME **BARDELANG, CHRIS**  
STREET ADDRESS **894 S.W. 55 TERRACE**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☒ Change ☒ Addition  
NAME **Treasurer Michelle Smith**  
STREET ADDRESS **5526 SW 8th Place**  
CITY-ST-ZIP **Margate FL 33068**

TITLE **SD** ☒ Delete  
NAME **SZOZDA, JOANN**  
STREET ADDRESS **898 S.W. 55 TERRACE**  
CITY-ST-ZIP **MARGATE F, 33068**

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

TITLE **D** ☒ Delete  
NAME **SCOTT, BILL**  
STREET ADDRESS **884 S.W. 55 TERRACE**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☒ Change ☒ Addition  
NAME **Vice President James Cooper**  
STREET ADDRESS **891 SW 55th Terr.**  
CITY-ST-ZIP **Margate FL 33068**

TITLE **P** ☐ Delete  
NAME **HARSHBARGER, DAVID**  
STREET ADDRESS **5522 SW 9TH PL**  
CITY-ST-ZIP **MARGATE FL 33068**

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

TITLE **VP** ☒ Delete  
NAME **DA SILVA, JENNY**  
STREET ADDRESS **5580 SW 56TH AVE**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**

**7/26/03 305 685 573**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2037 (4/03)