

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90106 039 ****61.25

DOCUMENT # N00000001101

1. Entity Name

VERANDA V AT HERITAGE OAKS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**Gulf Coast Management
Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913**

**Gulf Coast Management
Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913**



Suite, Apt., #, etc.

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0996328

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HAYDEN, KEN
GULF COAST MANAGEMENT SERVICES, INC.
10060 AMBERWOOD RD. SUITE 4
FORT MYERS FL 33913**

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 **D** ☒ Delete
NAME **ALLEGRA, ROBERT T**
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D** ☒ Change ☐ Addition
NAME **Tom Walsh**
STREET ADDRESS **5270 Highland Hills Ave #1711**
CITY-ST-ZIP **Sarasota FL 34241**

TITLE **D** ☒ Delete
NAME **DANNA, CHARLES**
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D** ☒ Change ☐ Addition
NAME **STAN LOU**
STREET ADDRESS **5270 Highland Hills unit 1712**
CITY-ST-ZIP **Sarasota, FL 34241**

TITLE **D** ☒ Delete
NAME **CHAMBERS, CONNOR**
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D** ☒ Change ☐ Addition
NAME **STAN Heidemann**
STREET ADDRESS **5250 Highland Hills unit 1515**
CITY-ST-ZIP **Sarasota, FL 34241**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

Thomas Walsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 11, 2002

Date

941-923-1170

Daytime Phone #

CR2E037 (9/01)