

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90787 048 ****61.25

DOCUMENT # N93000004910

1. Entity Name

HERITAGE OAKS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13902 N DALE MABRY HWY
 STE 165
 TAMPA FL 33618-2424
 US

13902 N DALE MABRY HWY
 STE 165
 TAMPA FL 33618-2424
 US

2. Principal Place of Business

3. Mailing Address

115 S. Dale Mabry Hwy
 Suite, Apt. #, etc.
Suite 300

115 S. Dale Mabry Hwy
 Suite, Apt. #, etc.
Suite 300

City & State

City & State

Tampa FL

Tampa FL

Zip
33609

Country
Hillsborough

Zip
33609

Country
Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3244766

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

MYERS, W PARKINSON
 13902 N DALE MABRY HWY
 STE 165
 TAMPA FL 33618

Name

Unique Property Services Inc.

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

115 S. Dale Mabry Hwy #300

City

Tampa

FL

Zip Code

33609

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	DP	<input checked="" type="checkbox"/> Delete
NAME	MYERS, W PARKINSON	
STREET ADDRESS	13902 N DALE MABRY HWY SATE 165	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FRANSEN, VICTOR R	
STREET ADDRESS	8221 OLD COURTHOUSE RD, STE 204	
CITY-ST-ZIP	VIENNA VA	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINSON, MARCUS C	
STREET ADDRESS	8221 OLD COURTHOUSE RD, STE 204	
CITY-ST-ZIP	VIENNA VA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benton, John	
STREET ADDRESS	18110 Longwater Run Dr	
CITY-ST-ZIP	Tampa FL 33647	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greenhalgh, Marguerite	
STREET ADDRESS	18135 Longwater Run Dr	
CITY-ST-ZIP	Tampa FL 33647	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leck, Jeffery	
STREET ADDRESS	18133 Longwater Run Dr	
CITY-ST-ZIP	Tampa FL 33647	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Heinen	
STREET ADDRESS	18115 Longwater Run Dr	
CITY-ST-ZIP	Tampa FL 33647	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRACKET, DONALD	
STREET ADDRESS	18115 Longwater Run Dr	
CITY-ST-ZIP	Tampa FL 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)