

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000004910

FILED
Aug 30, 2002
Secretary of State

Entity Name: HERITAGE OAKS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

115 S DALE MABRY HWY
STE 300
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

115 S DALE MABRY HWY
STE 300
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 59-3244766 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC
115 S DALE MABRY HWY
STE 300
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENTON, JOHN
Address: 18110 LONGWATER RUN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: SEXTON, JAMES
Address: 18130 LONGWATER RUN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VD () Delete
Name: LECK, JEFFERY
Address: 18133 LONGWATER RUN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: MELE, LOUIS
Address: 18140 LONGWATER RUN DR.
City-St-Zip: TAMPA, FL 33647 US

Title: D () Delete
Name: HASHMI, ARJUMAND
Address: 18123 LONGWATER RUN DR.
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SEXTON

PD

08/30/2002

Electronic Signature of Signing Officer or Director

_____ Date