

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004910

FILED
May 03, 2006
Secretary of State

Entity Name: HERITAGE OAKS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1207 N HIMES AVE
STE 3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N HIMES AVE
STE 3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3244766 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC
1207 N HIMES AVENUE
STE 3
TAMPA, FL 33607 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: RUBIN, KELLY
Address: 18129 LONGWATER RUN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: STD () Delete
Name: GANDHI, ANJALI
Address: 18128 LONGWATER RUN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D (X) Delete
Name: DAVIS, JOHN
Address: 18125 LONGWATER RUN DRIVE
City-St-Zip: TAMPA, FL 33647

Title: PD () Delete
Name: NIELSEN, GREG
Address: 18140 LONGWATER RUN DRIVE
City-St-Zip: TAMPA, FL 33647

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GREG NIELSON

PD

05/03/2006

Electronic Signature of Signing Officer or Director

_____ Date