

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N93000004910

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 ( )

**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: TD ( ) Delete  
Name: RUBIN, KELLY  
Address: 18129 LONGWATER RUN DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: SD ( ) Delete  
Name: SMALL, MICHELE  
Address: 18131 LONGWATER RUN DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: MOBLEY, VALARIE  
Address: 18122 LONGWATER RUN DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete  
Name: POOLE, SEAN  
Address: 18111 LONGWATER RUN DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: PD ( ) Delete  
Name: PLAGER, DANIEL  
Address: 18113 LONGWATER RUN DRIVE  
City-St-Zip: TAMPA, FL 33647

Title: VD ( ) Delete  
Name: GREENHALGH, MARGUERITTE  
Address: 18135 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: D (X) Change ( ) Addition  
Name: BRILL, CHRIS  
Address: 18119 LONGWATER RUN DRIVE  
City-St-Zip: TAMPA, FL 33647

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 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: DAN PLAGER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date