

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90230 031 ****70.00

0043875

DOCUMENT # **N93000004910**

1. Entity Name

HERITAGE OAKS NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1207 N. Himes Ave
Suite, Apt. #, etc.
Ste 3

3. Mailing Address

1207 N. Himes Ave
Suite, Apt. #, etc.
Ste 3

City & State

Tampa Fl

City & State

Tampa Fl

Zip

33607

Country

Zip

33607

Country

4. FEI Number **59-3244766**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *Same*
Street Address (P.O. Box Number is Not Acceptable)
1207 N. Himes Avenue Ste 3
City *Tampa* FL Zip Code *33607*

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BENTON, JOHN	
STREET ADDRESS	18110 LONGWATER RUN DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SEXTON, JAMES	
STREET ADDRESS	18130 LONGWATER RUN DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LECK, JEFFERY	
STREET ADDRESS	18133 LONGWATER RUN DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELE, LOUIS	
STREET ADDRESS	18140 LONGWATER RUN DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASHMI, ARJUMAND	
STREET ADDRESS	18123 LONGWATER RUN DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY RUBIN	
STREET ADDRESS	18129 LONGWATER RUN DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	STD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANJALI GANDHI	
STREET ADDRESS	18128 LONGWATER RUN DRIVE	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER EDWARDS	
STREET ADDRESS	18145 LONGWATER RUN DRIVE	
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: *Kelly Rubin* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)