

UNIFORM BUSINESS REPORT (UBR)

5/31

DOCUMENT # N96000000747

1. Entity Name

HERITAGE PLACE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

4307 NEPTUNE RD
ST. CLOUD FL 34769
US

Mailing Address

P O BOX 700665
ST CLOUD FL 34770-0665
US

2. Principal Place of Business

5695 Beggs Road

Suite, Apt. #, etc.

Suite B-100

City & State

Orlando

3. Mailing Address

5695 Beggs Road

Suite, Apt. #, etc.

Suite B-100

City & State

Orlando



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3382798

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THORNTON, HARLEY R ESO
1010 PENNSYLVANIA AVE
ST CLOUD FL 34769

7. Name and Address of New Registered Agent

Name
Thornton, Harley R. ESO
Street Address (P.O. Box Number is Not Acceptable)

5695 Beggs Road, Suite B-100

City

Orlando

FL

Zip Code

32810

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
FEES \$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

TITLE DP
NAME HENSLEY, BILL
STREET ADDRESS 3108 ANTIETAM CREEK CT
CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE DS
NAME MORRIS, DAVID
STREET ADDRESS 12626 LYNCHBURG COURT
CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE DVP
NAME LINDELL, RYAN
STREET ADDRESS 12626 GETTYSBURG CIR
CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/V/D
NAME Baldwin, Harry
STREET ADDRESS 12736 Gettysburg Circle
CITY-ST-ZIP Orlando, FL 32837 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST/D
NAME Shorten, Joseph P. Jr.
STREET ADDRESS 3113 Antietam Creek Court
CITY-ST-ZIP Orlando, FL 32837 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Harley R. ESO

Joseph P. Shorten Jr

3/5/2000

Daytime Phone #