

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90065 020 \*\*\*\*61.25

**DOCUMENT # N97000000133**

1. Entity Name

**HERITAGE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**444 W NEW ENGLAND AVENUE  
 STE B  
 WINTER PARK FL 32789**

**108 ROBIN ROAD STE 2002  
 ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3492608**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, MARC  
 444 W NEW ENGLAND AVENUE  
 STE B  
 WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

**444 W. New England Avenue, Suite B**

City **Winter Park**

FL

Zip Code **32789**

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: FEE IS \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
 NAME **FITZSIMMONS, ROBERT**  
 STREET ADDRESS **1495 S VOLUSIA AVE STE 202**  
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **ST**  Delete  
 NAME **HALLE-BATLY, JOYCE**  
 STREET ADDRESS **1495 S VOLUSIA AVE STE 202**  
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **DEANGELO, MICHAEL**  
 STREET ADDRESS **1495 S VOLUSIA AVE STE 202**  
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GINN, TRACY**  
 STREET ADDRESS **350 HERITAGE ESTATES LANE**  
 CITY-ST-ZIP **DELAND FL 32720**

TITLE **D**  Change  Addition  
 NAME **Blinn Tracy**  
 STREET ADDRESS **350 Heritage Estates Lane**  
 CITY-ST-ZIP **Deland, FL 32720**

TITLE **D**  Delete  
 NAME **DRAYNETTE, BOB**  
 STREET ADDRESS **348 HERITAGE ESTATES LANE**  
 CITY-ST-ZIP **DELAND FL 32720**

TITLE **D**  Change  Addition  
 NAME **Dragonette, Bob**  
 STREET ADDRESS **346 Heritage Estates Lane**  
 CITY-ST-ZIP **Deland, FL 32720**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 reports 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

Date

Daytime Phone #

**3-12-02 386-804-9013**

CR2E037 (9/01)