

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90050 009 ****61.25

DOCUMENT # N97000005010
 1. Entity Name
HERITAGE OAKS AT SHAMROCK SHORES PROPERTY OWNERS

| | |
|---|--|
| Principal Place of Business 6998 ROSEMONT DRIVE ENGLEWOOD FL 34224 US | Mailing Address 6998 ROSEMONT DRIVE ENGLEWOOD FL 34224-8025 US |
|---|--|

| | |
|--|--|
| 2. Principal Place of Business 9216 Spring Valley Road | 3. Mailing Address 9216 Spring Valley Road |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| City & State Englewood, FL | City & State Englewood, FL | 4. FEI Number 59-3496653 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34223 | Country US | Zip 34223 | Country US |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**BERNTSSON, ROBERT H
 18401 MURDOCK CIR.
 PT. CHARLOTTE FL**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State |
| Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

| | | | |
|-------------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS LUKE, MARY E 6998 ROSEMONT DRIVE ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT SPRAGUE, MICHAEL K 6998 ROSEMONT DR ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SPRAGUE, THERESA A 6998 ROSEMONT DR ENGLEWOOD FL 34224 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE PVD NAME STREET ADDRESS CITY-ST-ZIP | Dwight Brenneman P.O. Box 67 Placida, FL 33946 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE STD NAME STREET ADDRESS CITY-ST-ZIP | Chereece Wetzler 9216 Spring Valley Road Englewood, FL 34223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME STREET ADDRESS CITY-ST-ZIP | Irvin Amen P.O. Box 114 Boca Grande, FL 33921 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME STREET ADDRESS CITY-ST-ZIP | Melissa Knight P.O. Box 567 Placida, FL 33946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE D NAME STREET ADDRESS CITY-ST-ZIP | Scott Ittersagen 1861 Placida Rd. Englewood, FL 34223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Chereece Wetzler **2-11-00** **941-474-7657**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Chereece Wetzler, Secretary