

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13528

1. Entity Name

HERITAGE OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% GREG D. VELTMAN
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US

Mailing Address

% GREG D. VELTMAN
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770
US

2. Principal Place of Business

1022 MAIN ST.

Suite, Apt. #, etc.

Suite D

City & State

DUNEDIN

Zip

37698

Country

FL

3. Mailing Address

2595 TOMPA ROAD

Suite, Apt. #, etc.

Suite H

City & State

PORT HARBOR

Zip

34684

Country

FL

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90010 041 *****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2897093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELTMAN, GREG D.
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33770

7. Name and Address of New Registered Agent

Name

Robert L Tankel P.A.

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

1022 Main St Suite D

City

Dunedin

FL

Zip Code

37698

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

2/12/01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELTMAN, GREG D. 455 N INDIAN ROCKS RD BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELTMAN, DAVID M. 455 N INDIAN ROCKS RD BELLEAIR BLUFFS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, MILES J. 455 N INDIAN ROCKS RD BELLEAIR BLUFFS FL	<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 NAME STREET ADDRESS CITY-ST-ZIP	P Robert L. Tankel P.A. 1022 Main St. Suite D Dunedin FL 37698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Jim Hutton 1022 Main St. Suite A Dunedin FL 37698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ralph Jordan 1022 Main St. Suite Dunedin FL 37698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

SIGNATURE REQUIRED Robert L Tankel Pres 2/12/01 7277361901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)