

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90529 001 ***183.75

DOCUMENT # N98000000480

1. Entity Name

HERITAGE PINES COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**11524 SCENIC HILLS BOULEVARD
HUDSON FL 34667
US**

**11524 SCENIC HILLS BOULEVARD
HUDSON FL 34667
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3495933

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

**WASHBURN, PAMELA S.
11524 SCENIS HILLS BLVD.
HUDSON FL 34667**

Name

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

City

FL

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

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 **VPD** ☐ Delete
NAME **MILLS, JOHN**
STREET ADDRESS **11524 SCENIC HILL BOULEVARD**
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **D** ☒ Delete
NAME **DEVASHER, BILL**
STREET ADDRESS **11524 SCENIC HILLS BOULEVARD**
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **DST** ☐ Delete
NAME **LUKASZEWSKI, JOHN J JR.**
STREET ADDRESS **11524 SCENIC HILLS BOULEVARD**
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **D** ☐ Delete
NAME **FERTIG, ROBERT F**
STREET ADDRESS **11524 SCENIC HILLS BOULEVARD**
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **VPO** ☐ Delete
NAME **WASHBURN, PAMELA S**
STREET ADDRESS **11524 SCENIC HILLS BOULEVARD**
CITY-ST-ZIP **HUDSON FL 34667**

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

TITLE **DP** ☒ Delete
NAME **EIGHOLT, LEWIS**
STREET ADDRESS **11524 SCENIC HILLS BOULEVARD**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☒ Change ☐ Addition
NAME **Eric Stockland**
STREET ADDRESS **11524 Scenic Hills Blvd**
CITY-ST-ZIP **Hudson FL 34667**

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:

Pamela Stockland
Pamela Stockland, VPOper

1/18/02 127-861-7784
Date Daytime Phone #

CR2E037 (9/01)