2002 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2002 8:00 am § Secretary of State **DOCUMENT # N13528** 1. Entity Name HERITAGE OAKS CONDOMINIUM ASSOCIATION, INC. 05-12-2002 90643 020 ****61.25 Principal Place of Business Mailing Address 1022 MAIN ST 2595 TAMPA RD SUITE D SUITE H DUNBIN FL 37698 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Group Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE & State 4. FEI Number Applied For 59-2897093 Not Applicable spuntry las \$8.75 Additional 5. Certificate of Status Desired Fee Required 6) Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent atricic TANKEL, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 1022 MAIN ST SUITE D DUNEDIN FL 34698 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TANKELADelete TITLE Robert Tankel ☐ Addition tonker. Robert L NAME NAME 10 22 Main Street, Suiter STREET ADDRESS 1022 MAIN ST SUITE A STREET ADDRESS CITY-ST-ZIP Dunedin FL 37698 Dunedin, FL CITY-ST-ZIP TS TITLE Delete TITLE ☐ Addition Change : NAME HOTEON JAM HUTTON. NAME STREET ADDRESS 1022 MAIN ST SUITE A STREET ADDRESS CITY-ST-ZIP __ DUNEDIN FL-37698 - -CITY-ST-ZIP. TITLE ☐ Delete TITLE Change ☐ Addition NAME JORDAN, RALPH NAME STREET ADDRESS 1022 MAIN ST SUITE STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 37698** CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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