

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004910

**Entity Name:** HERITAGE OAKS NEIGHBORHOOD ASSOCIATION, INC.

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**9325706206CC**

**Current Principal Place of Business:**

1207 N HIMES AVE  
STE 3  
TAMPA, FL 33607

**Current Mailing Address:**

1207 N HIMES AVE  
STE 3  
TAMPA, FL 33607 US

**FEI Number: 59-3244766**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNIQUE PROPERTY SERVICES INC  
1207 N HIMES AVENUE  
STE 3  
TAMPA, FL 33607 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RUBIN, KELLY  
Address        18129 LONGWATER RUN DRIVE  
City-State-Zip: TAMPA FL 33647

Title            TREASURER  
Name            BRILL, CHRIS  
Address        18119 LONGWATER RUN DRIVE  
City-State-Zip: TAMPA FL 33647

Title            DIRECTOR  
Name            POOLE, SEAN  
Address        18111 LONGWATER RUN DRIVE  
City-State-Zip: TAMPA FL 33647

Title            DIRECTOR  
Name            GREENHALGH, MARGUERITTE  
Address        18135 LONGWATER RUN DRIVE  
City-State-Zip: TAMPA FL 33647

Title            VP  
Name            GANDHI, ANJALI  
Address        18128 LONGWATER RUN DRIVE  
City-State-Zip: TAMPA FL 33647

Title            DIRECTOR  
Name            FAROOQI, SHAFQUAT  
Address        18126 LONGWATER RUN DRIVE  
City-State-Zip: TAMPA FL 33647

Title            DIRECTOR  
Name            HASAN, FIOAZ  
Address        18137 LONGWATER RUN DR.  
City-State-Zip: TAMPA FL 33647

Title            DIRECTOR  
Name            HENSLER, WILLIAM  
Address        18109 LONGWATER RUN DRIVE  
City-State-Zip: TAMPA FL 33647

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALVAREZ , WILLIAM**

**MANAGER**

**03/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

