

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004910

Entity Name: HERITAGE OAKS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

7709 GIBSONTON DR.
GIBSONTON , FL 33534

FILED
Mar 30, 2021
Secretary of State
5409897649CC

Current Mailing Address:

P.O BOX 2878
RIVERVIEW, FL 33568 US

FEI Number: 59-3244766

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNIQUE PROPERTY SERVICES INC
7709 GIBSONTON DR.
GIBSONTON , FL 33534 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 VP
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 PRESIDENT
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 SECRETARY
Name HENSLER, WILLIAM
Address 18109 LONGWATER RUN DR
City-State-Zip: RIVERVIEW FL 33647

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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

03/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MANAGER
Name ALVAREZ, WILLIAM
Address P.O BOX 2878
City-State-Zip: RIVERVIEW FL 33568