

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004910

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

**FILED**  
**Apr 04, 2019**  
**Secretary of State**  
**2707402383CC**

**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**

**04/04/2019**

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

\_\_\_\_\_  
Date

