

**2024 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**  
**Feb 01, 2024**  
**Secretary of State**  
**0620272742CC**

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

Title            SECRETARY  
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            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            HENSLER, WILLIAM  
Address        18109 LONGWATER RUN DR  
City-State-Zip: RIVERVIEW FL 33647

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

*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: CORINNE MALLORY**

**MANAGER**

**02/01/2024**

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

\_\_\_\_\_  
Date