

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735246

1. Entity Name

HERITAGE LANDINGS ASSOCIATION, INC.

FILED

Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90086 008 ****61.25

Principal Place of Business

3031 NE 51ST STREET
FT. LAUDERDALE FL 33308
US

Mailing Address

3031 NE 51ST STREET
FT. LAUDERDALE FL 33308-4349
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1671030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLIAKOFF, GARY A., ESQ.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312-6525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MOON, CRAIG O
STREET ADDRESS 3121 N.E. 51ST STREET #406
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ Delete

TITLE SD
NAME PERRINE, DONALD T
STREET ADDRESS 3111 N.E. 51ST STREET #206
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ Delete

TITLE DT
NAME BARRALE, PETER
STREET ADDRESS 3111 N.E. 51ST STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ Delete

TITLE DVP
NAME LINSKEY, EDWARD
STREET ADDRESS 3031 N. 51ST STREET
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ Delete

TITLE DVP
NAME ALEKSANDRO, TAGUENTI
STREET ADDRESS 3111 NE 57TH ST #406
CITY-ST-ZIP FT. LAUDERDALE FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-00 772 0520

CR2F037 (9/99)