FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738529 (7)

1. Corporation Name

THE HERITAGE OAKS HOME OWNERS, INC.

Principal Place of Business	Mailing Address
18000 S.E. HERITAGE DRIVE TEQUESTA FL 33469 US	18000 S.E. HERITAGE DRIVE TEQUESTA FL 33469 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1977
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-1761368 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

PHELAN, FRED M., JR., ATTORNEY AT LAW
725 NORTH A1A, SUITE A-108
JUPITER 33477

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	TAYLOR, DAVID E	1.2 NAME	TAYLOR, DAVID E
STREET ADDRESS	18000 S.E. HERITAGE DR.	1.3 STREET ADDRESS	18000 S.E. HERITAGE DR.
CITY-ST-ZIP	TEQUESTA FL	1.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	VPD	2.1 TITLE	VPD ☐ Change ☐ Addition
NAME	PFEIFFER, RICHARD	2.2 NAME	BOYD, HUGH
STREET ADDRESS	18000 S.E. HERITAGE DR.	2.3 STREET ADDRESS	18000 S.E. HERITAGE DR.
CITY-ST-ZIP	TEQUESTA FL	2.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	SD	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	SCHNEIDER, TIEN	3.2 NAME	BEHL, GREG
STREET ADDRESS	18000 SE HERITAGE DR.	3.3 STREET ADDRESS	18000 S.E. HERITAGE DR.
CITY-ST-ZIP	TEQUESTA FL	3.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	TD	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	BEHL, GREGORY	4.2 NAME	KRAFT, OTTO
STREET ADDRESS	18000 S.E. HERITAGE DR.	4.3 STREET ADDRESS	18000 S.E. HERITAGE DR.
CITY-ST-ZIP	TEQUESTA FL	4.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	BOYD, HUGH	5.2 NAME	EDELMANN, JULIUS
STREET ADDRESS	18000 S.E. HERITAGE DR.	5.3 STREET ADDRESS	18000 S.E. HERITAGE DR
CITY-ST-ZIP	TEQUESTA FL	5.4 CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	D	6.1 TITLE	D ☐ Change ☐ Addition
NAME	ROGERS, CHARLES	6.2 NAME	RUNDE, OLIVER
STREET ADDRESS	18000 S.E. HERITAGE DR.	6.3 STREET ADDRESS	18000 S.E. HERITAGE DR.
CITY-ST-ZIP	TEQUESTA FL	6.4 CITY-ST-ZIP	TEQUESTA, FL 33469

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption pursuant to s. 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-25-95 (407) 746-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Greg Behl, Treasurer

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