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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 04/01/1977

4. FEI Number: 59-1761368 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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: Jerome Libby c/o Sunrise Management Co.
82 Street Address (P.O. Box Number is Not Acceptable): 275 Toney Penna Drive, Suite 7
83 City: Jupiter
84 FL 85 Zip Code: 33458

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☑ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	EDELMANN, JULIUS		1.2 NAME	ALEVIZOS, PETER	
STREET ADDRESS	18000 S.E. HERITAGE DR.		1.3 STREET ADDRESS	18000 SE HERITAGE DR.	
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	VPD	☑ DELETE	2.1 TITLE	VPD	☑ Change ☐ Addition
NAME	BABIAN, HAIG		2.2 NAME	HURST, SANDRA	
STREET ADDRESS	18000 S.E. HERITAGE DR.		2.3 STREET ADDRESS	18000 SE HERITAGE DR.	
CITY-ST-ZIP	TEQUESTA FL		2.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	SD	☑ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	HURST, SANDRA		3.2 NAME	McLEAN, WILLIAM	
STREET ADDRESS	18000 S.E. HERITAGE DR.		3.3 STREET ADDRESS	18000 SE HERITAGE DR.	
CITY-ST-ZIP	TEQUESTA FL		3.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	TD	☑ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	TAYLOR, DAVID		4.2 NAME	BABIAN, HAIG	
STREET ADDRESS	18000 S.E. HERITAGE DR.		4.3 STREET ADDRESS	18000 SE HERITAGE DR.	
CITY-ST-ZIP	TEQUESTA FL		4.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	D	☑ DELETE	5.1 TITLE	D	☑ Change ☐ Addition
NAME	SKIBA, TED		5.2 NAME	SKIBA, TED	
STREET ADDRESS	18000 S.E. HERITAGE DR.		5.3 STREET ADDRESS	18000 SE HERITAGE DR.	
CITY-ST-ZIP	TEQUESTA FL		5.4 CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE		☑ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME			6.2 NAME	TAYLOR, DAVID	
STREET ADDRESS			6.3 STREET ADDRESS	18000 SE HERITAGE DR., TEQUESTA, FL 33469	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: Haig Babian 4-30-98 761-746-6650