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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738529

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

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)

3. Date Incorporated or Qualifed: 04/01/1977
4. FEI Number: 59-1761368 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Heritage Oaks
~~LIBBY, JEROME C/O SUN~~ c/o Brutol Managent
~~275 TONEY PENNA DRIVE, STE 7~~ 103 S. US 1 Suite #5-135
~~JUPITER FL 33458~~
Jupiter, FL 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 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 Steve Lyli Pres. 4/15/99
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	D	☐ Change ☑ Addition
NAME	ALEVIZOS, PETER		1.2 NAME	Peter Newsham	
STREET ADDRESS	18000 SE HERITAGE DR		1.3 STREET ADDRESS	18000 SE Heritage Dr.	
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	~~VPD~~ TD	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	HURST, SANDRA		2.2 NAME	Valrie Sun	
STREET ADDRESS	18000 SE HERITAE DR		2.3 STREET ADDRESS	18000 SE Heritage Dr.	
CITY-ST-ZIP	TEQUESTA FL 33469		2.4 CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MCLEAN, WILLIAM		3.2 NAME	Barbara Taylor	
STREET ADDRESS	18000 SE HERITAGE DR		3.3 STREET ADDRESS	18000 SE Heritage Dr.	
CITY-ST-ZIP	TEQUESTA FL 33469		3.4 CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	TD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BABIAN, HAIG		4.2 NAME		
STREET ADDRESS	18000 SE HERIGATE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SKIBA, TED		5.2 NAME		
STREET ADDRESS	18000 SE HERITAGE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		5.4 CITY-ST-ZIP		
TITLE	~~D~~ VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, DAVID		6.2 NAME		
STREET ADDRESS	18000 SE HERITAGE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL 33469		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Linda Lyli Treasurer 4/15/99 561-746-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #