2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # 738529** 1. Entity Name THE HERITAGE OAKS HOME OWNERS, INC. 04-20-2000 90025 008 ****61.25 Principal Place of Business Mailing Address 18000 S.E. HERITAGE DRIVE 18000 S.E. HERITAGE DRIVE TEQUESTA FL 33469 TEQUESTA FL 33469-1422 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1761368 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Addrese (P.O. Box Number is Not Acceptable) HERITAGE OAKS C/O BRUTOL MANAGER BRISTOL MGMT 103 S US 1 STE 15-135 JUPITER FL 33477 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. TITLE ☐ Change TITLE **Delete** Taylor, Borbara NAME ALEVIZOS, PETER NAME 18000 SE HERITAGE DR STREET ADDRESS STREET ADDRESS 18000 SE HERITAGE DR 33469 CITY-ST-ZIP TEQUESTA CITY-ST-ZIP TEQUESTA FL 33469 VPD Addition ☐ Delete TITLE ☐ Change TITLE Q4 -AT Schumacher mel NAME NAME HURST, SANDRA 1800 SE HERITAGE DR STREET ADDRESS STREET ADDRESS 18000 SE HERITAE DR TGQUESM FZ 33469 CITY-ST-ZIP CHY-ST-ZIP TEQUESTA FL 33469 ☐ Change Addition TITLE TITLE 29- D ☐ Delete Babian, Haig 1800 SG HERITAGE DR NAME NAME MCLEAN, WILLIAM STREET ADDRESS STREET ADDRESS 18000 SE HERITAGE DR CITY-ST-ZIP CITY-ST-ZIP TEQUESTA 凡 TEQUESTA FL 33469 ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME NEWSHAM, PETER STREET ADDRESS STREET ADDRESS 18000 SE HERIGATE DR CITY-ST-7IP CITY-ST-ZIP TEQUESTA FL 33469 Change ☐ Addition **₽**- ⋜D ☐ Delete TITLE SUN. VALERIE NAME NAME STREET ADDRESS STREET ADDRESS 18000 SE HERITAGE DR CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL 33469 TITLE ☐ Change Addition TITI F Delete NAME TAYLOR, DAVID STREET ADDRESS STREET ADDRESS 18000 SE HERITAGE DR CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL 33469 12. 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.

Daytime Phone #