

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 738529**

1. Entity Name

THE HERITAGE OAKS HOME OWNERS, INC.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90039 024 ****61.25

0054926

Principal Place of Business

**18000 S.E. HERITAGE DRIVE
TEQUESTA FL 33469
US**

Mailing Address

**18000 S.E. HERITAGE DRIVE
TEQUESTA FL 33469
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1761368

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

**HERITAGE OAKS
~~C/O BRISTOL MANAGER~~
103 S US 1 STE 15-135
JUPITER FL 33477****Name HERITAGE OAKS C/O BRISTOL MGMT.
Street Address (P.O. Box Number is Not Acceptable)
125 N. AIA, STE C-110
City JUPITER FL Zip Code 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

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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D TAYLOR, BARBARA 18000 SE HERITAGE DR TEQUESTA FL 33469	☐		☐
TD PD HURST, SANDRA 18000 SE HERITAE DR TEQUESTA FL 33469	☐		☐
SD MCLEAN, WILLIAM 18000 SE HERITAGE DR TEQUESTA FL 33469	☒	TD BABIAN, HAIG 18529 SE HERITAGE OAKS LN TEQUESTA FL 33469	☐ Change ☒ Addition
D NEWSHAM, PETER 18000 SE HERIGATE DR TEQUESTA FL 33469	☐		☐
SD SUN, VALERIE 18000 SE HERITAGE DR TEQUESTA FL 33469	☐		☐
VPD SCHUMACHER, MEL 18000 SE HERITAGE DR TEQUESTA FL 33469	☐		☐

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

4/26/01

Date

(561) 756-6650

Daytime Phone #

CR2E037 (10/00)