

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90358 004 ****61.25

DOCUMENT # 738529

1. Entity 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

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1761368

Applied For

Not Applicable

Zip

Country

Zip

Country

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 BRUTOL MANAGER
 725 N A1A STE C-110
 JUPITER FL 33477

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 ☐ Delete
 NAME ~~TAYLOR, BARBARA~~ **HAMATY, GEORGE**
 STREET ADDRESS 18000 SE HERITAGE DR
 CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Change ☐ Addition
 NAME **Director HACKENJOS, Linda**
 STREET ADDRESS 18000 SE Heritage Drive
 CITY-ST-ZIP Tequesta, FL 33469

TITLE ☐ Delete
 NAME ~~PO Vice President~~
 STREET ADDRESS **HURST, SANDRA**
 CITY-ST-ZIP 18000 SE HERITAGE DR
 TEQUESTA FL 33469

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ~~PO President~~
 STREET ADDRESS **BABIAN, HAIG**
 CITY-ST-ZIP 18520 SE HERITAGE OAKS LANE - 18000 SE
 TEQUESTA FL 33469 HERITAGE DR

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ~~PO Secretary~~
 STREET ADDRESS **NEWSHAM, PETER KELLEY, DEBBIE**
 CITY-ST-ZIP 18000 SE HERITAGE DR
 TEQUESTA FL 33469

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ~~PO Director~~
 STREET ADDRESS **SUN, VALERIE MAFFEI, JERRY**
 CITY-ST-ZIP 18000 SE HERITAGE DR
 TEQUESTA FL 33469

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ~~PO Director~~
 STREET ADDRESS **SCHUMACHER, MEL THOMSON, JOAN**
 CITY-ST-ZIP 18000 SE HERITAGE DR
 TEQUESTA FL 33469

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SANDRA M HURST

561-746-6650

Date: 11/20/02 Daytime Phone #

CR2E037 (9/01)