# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 30, 2004 8:00 am**
**Secretary of State**
04-30-2004 90299 023 ****61.25

DOCUMENT # 738529

1. Entity Name

THE HERITAGE OAKS HOME OWNERS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 18000 S.E. HERITAGE DRIVE<br>TEQUESTA FL 33469<br>US | 18000 S.E. HERITAGE DRIVE<br>TEQUESTA FL 33469<br>US |

MOORE CR2E037 (11/03)

| 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**

C\O BRISTOL MGMT
1930 COMMERCE LANE STE 1
JUPITER FL 33458

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

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 Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BABIAN, HAIG<br>18000 SE HERITAGE DRIVE<br>TEQUESTA FL 33469 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>Norm Adolfson<br>18000 SE Heritage Drive<br>Tequesta, FL 33469 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>HACKENJOS, LINDA<br>18000 SE HERITAGE DRIVE<br>TEQUESTA FL 33469 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Richard Oxford<br>18000 SE Heritage Drive<br>Tequesta, FL 33469 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>KELLEY, DEBBIE<br>180000 SE HERITAGE DRIVE<br>TEQUESTA FL 33469 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Peter Newsham<br>18000 SE Heritage Drive<br>Tequesta, FL 33469 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THOMSON, JOAN<br>180000 SE HERITAGE DRIVE<br>TEQUESTA FL 33469 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Linda Hackenjos<br>18000 SE Heritage Drive<br>Tequesta, FL 33469 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAMATY, GEORGE<br>18000 SE HERTIAGE DRIVE<br>TEQUESTA FL 33469 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Debra Kelley<br>18000 SE Heritage Drive<br>Tequesta, FL 33469 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSTON, STAN D<br>18000 SE HERTIAGE DRIVE<br>TEQUESTA FL 33469 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ 4/26/04 561-746-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #