2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90557 016 ****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

01032005 Chg-NP CR2E037 (10/03)

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	7. Name and Address of New Registered Agent
ST. JOHN, CORE & LEMME, P.A. CENTURION TOWER, SUITE 701 1601 FORUM PLACE WEST PALM BEACH, FL 33401	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	RD BABIAN, HAIG 18000 SE HERITAGE DRIVE TEQUESTA, FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JULIUS EDELMANN 18000 SE HERITAGE DRIVE TEQUESTA, FL 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HACKENJOS, LINDA 18000 SE HERITAGE DRIVE TEQUESTA, FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOHN TAYLOR 18000 SE HERITAGE DRIVE TEQUESTA, FL 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLEY, DEBBIE 180000 SE HERITAGE DRIVE TEQUESTA, FL 33469	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JANE GRAVELLE 18000 SE HERITAGE DRIVE TEQUESTA, FL 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ADOLFSON, NORM 180000 SE HERITAGE DRIVE TEQUESTA, FL 33469	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEWIS ELFORD 18000 SE HERITAGE DRIVE TEQUESTA, FL 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T OXFORD, RICHARD 18000 SE HERTIAGE DRIVE TEQUESTA, FL 33469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSTON, STAN D 18000 SE HERTIAGE DRIVE TEQUESTA, FL 33469	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAIG BABIAN 18000 SE HERITAGE DRIVE TEQUESTA, FL 33469	☒ 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: _____ 4/26/05 561-744-3478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #