

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90247 039 ****61.25

DOCUMENT # 738529 1. Entity Name THE HERITAGE OAKS HOME OWNERS, INC.					
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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	BABIAN, HAIG		NAME	Director	
STREET ADDRESS	18000 SE HERITAGE DRIVE		STREET ADDRESS	Claire Guy	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	18000 SE Heritage Drive Tequesta, FL	
TITLE	S	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	HACKENJOS, LINDA		NAME	Director	
STREET ADDRESS	18000 SE HERITAGE DRIVE		STREET ADDRESS	Julius Edelmann	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	18000 SE Heritage Drive	
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	EDELMANN, JULIUS		NAME	President	
STREET ADDRESS	180000 SE HERITAGE DRIVE		STREET ADDRESS	John Taylor	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	18000 SE Heritage Drive	
TITLE	V	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	TAYLOR, JOHN		NAME	Vice President	
STREET ADDRESS	180000 SE HERITAGE DRIVE		STREET ADDRESS	Jane Gravelle	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	18000 SE Heritage Drive	
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	OXFORD, RICHARD		NAME	Tequesta, FL 33469	
STREET ADDRESS	18000 SE HERTIAGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRAVELLE, JANE		NAME		
STREET ADDRESS	18000 SE HERTIAGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			Date: 4/24/06 Daytime Phone #: 561-746-6650		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					