

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90092 020 ****61.25

DOCUMENT # 749348

1. Entity Name

HERITAGE RIDGE SOUTH PROPERTY OWNERS ASSOCIATION

Principal Place of Business

8201 S E CONSTITUTION BLVD.
 HOBE SOUND FL 33455
 MA

Mailing Address

8201 S E CONSTITUTION BLVD.
 HOBE SOUND FL 33455-6049
 MA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2211955

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~DECAPRIO, PETER
 7676 SE INDEPENDENCE AVE
 HOBE SOUND FL 33455~~

DELETE

7. Name and Address of New Registered Agent

Name **BOLEY + FATTORI, FMS INC.**
 Street Address (P.O. Box Number is Not Acceptable)
11900 SE FEDERAL HWY 205
 City **HOBE SOUND** FL Zip Code **33455**

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 **LESLIE BOLEY**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	DECAPRIO, PETER	7376 INDEPENDENCE AVE	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>
TD	PHILLO, LINDA K	7941 SE SHENANDOAH DR	HOBE SOUND FL 33455	<input type="checkbox"/>
VPD	PALMER, ROBERT	7695 INDEPENDENCE AVE	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>
SD	SMITH, EVELYN	7610 SESHEN DR	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>
D	NOLAN, PAUL C	6949 SE CONGRESS ST	HOBE SOUND FL 33455	<input type="checkbox"/>
D	VANDERVOO, BARNIE	7696 SE INDEPENDENCE AVE	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	ROBERT JONES	7366 SE INDEPENDENCE AVE	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SD	CANDACE BROWN	6936 AMENDMENT ST	HOBE SOUND FL 33455	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	WARD BERTHOEF	7405 SE INDEPENDENCE AVE	HOBE SOUND FL 33455	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	EDNA BAUMANN	7890 SE INDEPENDENCE AVE	HOBE SOUND FL 33455	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	PAUL NOLAN	6949 SE CONGRESS	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	JOHN SCOTT	7840 SE SHENANDOAH DR	HOBE SOUND FL 33455	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 another like empowered.

SIGNATURE:

LINDA K PHILLO TREASURER 3.12.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)

561-546-0431