

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90005 038 ****61.25

DOCUMENT # 750942

1. Entity Name

HERITAGE RIDGE NORTH PROPERTY OWNERS ASSOCIATION

Principal Place of Business

Mailing Address

**6510 HERITAGE RIDGE BOULEVARD
 HOBE SOUND FL 33455**

**5757 SE FEDERAL HWY
 STUART FL 34997-8545
 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

59-2524653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, JANE L
 WACKEEN CORNETT & GOOGE P.A.
 401 EAST OSCEOLA ST.
 STUART FL 34994**

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 **SD** ☐ Delete
 NAME **LATHAM, JACK**
 STREET ADDRESS **6744 SE YORKTOWN DR**
 CITY-ST-ZIP **HOBE SOUND FL**

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

TITLE **VPD** ☐ Delete
 NAME **PHELPS, RICHARD A.**
 STREET ADDRESS **6597 SE ROANOKE COURT**
 CITY-ST-ZIP **HOBE SOUND FL**

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

TITLE **PD** ☐ Delete
 NAME **ZACHARY, HENRY B**
 STREET ADDRESS **5858 SE FRANKLIN PL**
 CITY-ST-ZIP **HOBE SOUND FL**

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

TITLE **TD** ☒ Delete
 NAME **BLACKWAY, HOWARD**
 STREET ADDRESS **6279 SE AMES WAY**
 CITY-ST-ZIP **HOBE SOUND FL**

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

TITLE **VPD** ☐ Delete
 NAME **DALLAFIOR, ALBERT**
 STREET ADDRESS **6993 SE BUNKER HILL DR**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☒ Change ☐ Addition
 NAME **DALLAFIOR, ALBERT**
 STREET ADDRESS **6993 SE BUNKER HILL DR**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Richard A. Phelps
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 11, 2000 561-287-8882

Date

Daytime Phone #

CR2E037 (9/99)