

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750942

1. Entity Name

HERITAGE RIDGE NORTH PROPERTY OWNERS ASSOCIATION

Principal Place of Business

6510 HERITAGE RIDGE BOULEVARD
HOBE SOUND FL 33455

Mailing Address

5757 SE FEDERAL HWY
STUART FL 34997
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNETT, JANE L
WACKEN 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
After September 12, 2001, min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	SD LATHAM, JACK 6744 SE YORKTOWN DR HOBE SOUND FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PHELPS, RICHARD A. 6597 SE ROANOKE COURT HOBE SOUND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZACHARY, HENRY B 5858 SE FRANKLIN PL HOBE SOUND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DALLAFIOR, ALBERT 6993 SE BUNKER HILL DR HOBE SOUND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBARA DAVIES 6719 S.E. YORKTOWN DR. HOBE SOUND, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT J. DALLAFIOR 2/10/01 561-287-8882

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90116 044 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)