

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90450 036 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754329

1. Entity Name

HERITAGE PINES CONDOMINIUM ASSOC. INC.

6

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4400 EL CONQUISTADOR PKWY

3. Mailing Address

HARMONY MGT

Suite, Apt. #, etc.

1

Suite, Apt. #, etc.

4400 EL CONQUISTADOR # 1

DO NOT WRITE IN THIS SPACE

City & State

BRADENTON FL

City & State

BRADENTON FL

4. FEI Number

592290588

Applied For

Not Applicable

Zip

FL 34210

Country

USA

Zip

FL 34210

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANNA KELLY % HARMONY MGT

Street Address (P.O. Box Number is Not Acceptable)

4400 EL CONQUISTADOR PKWY

1 -

City

BRADENTON

FL

Zip Code

34210

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IN THIS SPACE**

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.

C.A.M.

(NOTE: Registered Agent signature required when reinstating)

DATE

4.15.02

FEE IS \$61.25
Initial or Amended UBR

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
P-D
ROSEMARY MANCUSO
4311 78 ST W
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECT - D
COLLEN HAMM
4114 78 ST W
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T-D
JACK HERRON
4011 78 ST W
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D @ LG
LISA CEEASY
4204 78 ST W
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELE
PAUL SCHIANO
4111 79 ST W
BRADENTON FL 34209

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)