

2001 UNIFORM BUSINESS REPORT (UBR)

0012768 AF

DOCUMENT # A98000001811

1. Entity Name

TOWNHOMES AT NARANJA, LTD.

Principal Place of Business

5505 N. ATLANTIC AVE., SUITE 115
COCOA BEACH FL 32931

Mailing Address

5505 N. ATLANTIC AVE., SUITE 115
COCOA BEACH FL 32931

FILED

01 JAN 29 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

59-3523986

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

MCPHILLIPS, JACQUELINE

5505 N. ATLANTIC AVE., SUITE 115

COCOA BEACH FL 32931

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

9. Capital Contributions
as Shown on record.

\$500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000087343
NAME HERITAGE PARTNERS GROUP XXVI, INC.
STREET ADDRESS 5505 N. ATLANTIC AVE., SUITE 115
CITY-ST-ZIP COCOA BEACH FL 32931

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # N98000000959
NAME NATIONAL DEVELOPMENT FOUNDATION, INC.
STREET ADDRESS 4250 ALAFAYA TRAIL, #212330
CITY-ST-ZIP OVIEDO FL 32765-9424

STREET ADDRESS

CITY-ST-ZIP

100003654551--4

-02/06/01--01031--021

****150.00 ****150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-23-01

Date

Daytime Phone #

(720) 799-4090

CR2E003 (11/00)