

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001102

1. Entity Name

HERITAGE OAKS IV HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

10060 AMBERWOOD RD., #3  
FT. MYERS FL 33913

Mailing Address

10060 AMBERWOOD RD., #3  
FT. MYERS FL 33913

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEJ Number

65-0996332

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWALM, MURRELL & SAMOUCÉ, P.A.  
2375 TAMiami TR. N., STE. 308  
NAPLES FL 34103

Name

Ken Hayden  
Street Address (P.O. Box Number)  
Gulf Coast Management Services, Inc.  
10060 Amberwood Rd. Suite 4  
Ft. Myers, FL 33913

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DANNA, CHARLES  
337 INTERSTATE BLVD.  
SARASOTA FL 34240 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ALLEGRA, ROBERT T  
337 INTERSTATE BLVD.  
SARASOTA FL 34240 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHAMBERS, CONNOR  
337 INTERSTATE BLVD.  
SARASOTA FL 34240 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
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CITY-ST-ZIP  
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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

Date

Daytime Phone #

FILED  
Aug 16, 2001 8:00 am  
Secretary of State

07-31-2001 90234 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)