

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90064 039 ****61.25

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1. Entity Name

HERITAGE OAKS PATIO HOMES I, INC.



Principal Place of Business

Mailing Address

2477 STICKNEY POINT RD
118A
SARASOTA FL 34231

2477 STICKNEY POINT RD
118A
SARASOTA FL 34231



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0288258

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

CROSS, DARLENE
2477 STICKNEY POINT RD
118A
SARASOTA FL 34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME FRASER, EWAN
STREET ADDRESS 4482 LEGACY COURT
CITY-STATE-ZIP SARASOTA FL 34231

TITLE ☐ Change ☒ Addition
NAME Stewart Alexander P.
STREET ADDRESS 4500 Legacy Ct.
CITY-STATE-ZIP Sarasota FL 34241

TITLE VP ☐ Delete
NAME MARKS, BETSY
STREET ADDRESS 4415 LEGACY CT
CITY-STATE-ZIP SARASOTA FL 34241

TITLE ☐ Change ☒ Addition
NAME Virginia Bowman VP
STREET ADDRESS 4415 Legacy Ct.
CITY-STATE-ZIP Sarasota FL 34241

TITLE S ☒ Delete
NAME SHAFER, GAIL
STREET ADDRESS 4464 LEGACY COURT
CITY-STATE-ZIP SARASOTA FL 34231

TITLE ☒ Change ☐ Addition
NAME Betsy Marks S/T
STREET ADDRESS
CITY-STATE-ZIP

TITLE AS ☐ Delete
NAME CROSS, DARLENE
STREET ADDRESS 2477 STICKNEY POINT RD, #118A
CITY-STATE-ZIP SARASOTA FL 34231

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Darlene Cross AS DARLENE CROSS

2/27/07

941-927-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #