

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # N31225**

1. Corporation Name

HEATHER LAKES AT BRANDON COMMUNITY ASSOCIATION, INC.

Principal Place of Business C/O UNIVERSITY PROPERITIES, INC. Mailing Address

C/O UNIVERSITY PROPERTIES. INC

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90215 031 ****61.25

		

7001 TEMPLE TEMPLE TEMPLE TERRA		7001 TEMPLE TERRACE HWY TEMPL TERRACE FL 33637 US								
Principal Place of Business 21		2a. Mailing Address			3. Date Incorporated or Qualifed 03/16/1989					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number 59-2949601	_ 	oplied For ot Applicable			
22] City & State 23		City & State			5. Certifcate of Status Desired	ū	\$8.75 Additional Fee Required			
Zip 24	Country 25	Zip Count		,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
24]	9. Name and Address of Current		-		10. Name and Address of New	Registered A	\gent			
			81	Name						
DUADTE	ANTONIO I				CO Developed to the Assessment	4_44_\				
.,	ANTONIO I		82 Street Add		ddress (P.O. Box Number is Not Acceptable)					
	LORIDA AVE		83							
TAMPA FL	. 33612			<u> </u>						
			84			FL		Code		
office or re	to the provisions of Sections 617.0502 agistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	orized by	the corpo	corporation submits this statement for the oration's board of directors. I hereby according to the control of	e purpose of o	changing its itment as re	registered gistered		
SIGNATURE						DATE				
	Signature, typed or printed name of registered agent		gistered Age	nt signature re	equired when reinstating) ADDITIONS/CHANGES TO O		D DIRECTO	DRS IN 12		
12.	OFFICERS AN	D DIRECTORS DELETE	1.1 TITLE	1	T		☐ Change	Addition		
TITLE	D CHARDAN FORD	UB DELETE	1.1 IIILE		martinez, Pro 311 Park Place	Joh				
NAME	SIKORSKI, FRED		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		211 00 CV Place 5	1 W	1	ļ		
STREET ADDRESS	311 PARK PLACE 5-600				Clearwater F	1		İ		
CITY-ST-ZIP	CLEARWATER FL	The second	1.4 CITY-S	ST-Z#P	Creation to 1	<u> </u>	Change	☐ Addition		
TITLE	VPD	☐ DELETE	2.1 TTLE				□ Outlinge	Addition		
NAME	MILLER, FRANCINE		2.2 NAME							
STREET ADDRESS	311 PARK PLACE 5-600			TADDRESS				İ		
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-	ST-ZIP			Change	☐ Addition		
TITLE	SD	☐ DELETE	3.1 TITLE				Change	L Addition		
NAME	PEREZ, PETER	į	3.2 NAME	1				ļ		
STREET ADDRESS	STREET ADDRESS 1206 SWEET GUM DRIVE		3.3 STREET ADDRESS							
CITY-ST-ZIP	BRANDON FL		3.4. CITY-	ST-ZIP				Addition		
TITLE		☐ OELETE	4.1 TITLE	1		.Cc 'U'\	Change	Hodillon		
NAME			4. 2 NAME		-	· ;		1		
STREET ADDRESS			4.3 STREE	T ADDRESS				1		
Crty-St-ZIP			4.4 CITY-5	ST-ZIP				- CA 450		
TITLE		☐ DELETE	5.1 TITLE		D GOO CLOW		☐ Change	Addition		
NAME			5.2 NAME		Montes	. 1				
STREET ADDRESS				T ADDRESS	Thompson, Clay					
CITY-ST-ZIP	<u> </u>		5.4 CITY-5	ST-ZIP	Georwater, H	7_				
TITLE		☐ DELETE	6.1 TITLE		'		☐ Change	Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADORESS)			1		
			64 CITY-	ST-ZIP	1					

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 annual report or suppliemental agricult and an advicated on this annual report or suppliemental agricult 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 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: