

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90500 031 ****61.25

DOCUMENT # N31225

1. Entity Name

HEATHER LAKES AT BRANDON COMMUNITY ASSOCIATION, INC.



Principal Place of Business

**C/O UNIVERSITY PROPERTIES, INC.
7001 TEMPLE TERRACE HWY
TEMPLE TERRACE FL 33637
US**

Mailing Address

**C/O UNIVERSITY PROPERTIES, INC.
7001 TEMPLE TERRACE HWY
TEMPL TERRACE FL 33637
US**

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 **59-2949601**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DUARTE, ANTONIO I
11959 N FLORIDA AVE
TAMPA FL 33612**

7. Name and Address of New Registered Agent

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LASHLEY, JAMES	
STREET ADDRESS	311 PARK PLACE STE 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, CLAY	
STREET ADDRESS	311 PARK PLACE STE 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	VALENTI, BETTY D	
STREET ADDRESS	4902 EISENHOWER BLVD SUITE 380	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAUGHERTY, RONALD SCOTT	
STREET ADDRESS	1248 ALPINE LAKE DRIVE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	VPI/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMALL, RITA	
STREET ADDRESS	1303 FLAXWOOD AVE.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTA, DAVID	
STREET ADDRESS	1261 FRANFORD DRIVE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOTEN, ANTHONY	
STREET ADDRESS	1308 RINKFIELD PLACE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNETT, MICHAEL	
STREET ADDRESS	1101 BLUFELD AVE.	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] Ronald S. Laughterty

4/16/2003

727-803-3886

CR2E037 (10/02)