

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47829

1. Entity Name

HERITAGE ACRES HOMEOWNERS' ASSOCIATION OF BREVAR

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90014 005 ****61.25

Principal Place of Business

Mailing Address

1311 SEQUOLA PL
ROCKLEDGE FL 32955
US

P O BOX 561311
ROCKLEDGE FL 32956-1311
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

59-3111959

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

TAYLOR, ROBERT
1314 SEQUOIA PLACE
ROCKLEDGE FL 32955

Name

FLORENE BECKNER

Street Address (P.O. Box Number is Not Acceptable)

1223 SALMONBERRY PL

City

ROCKLEDGE

FL

Zip Code

32955

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

Florence Beckner, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

4-17-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Delete
NAME MILLER, DENIS
STREET ADDRESS 1000 HERITAGE BLVD
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE PD ☒ Change ☐ Addition
NAME Miller Dennis
STREET ADDRESS 1220 HERITAGE ACRES BLVD.
CITY-ST-ZIP Rockledge FL 32955

TITLE V ☒ Delete
NAME SMITH, MICHAEL A
STREET ADDRESS 1240 HERITAGE BLVD
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE VD ☒ Change ☒ Addition
NAME Fred L. HARVEY JR
STREET ADDRESS 1304 PEPPER TREE PL
CITY-ST-ZIP Rockledge FL 32955

TITLE T ☒ Delete
NAME TAYLOR, ROBERT
STREET ADDRESS 1314 SEQUOIA PLACE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE TD ☒ Change ☒ Addition
NAME FLORENE BECKNER
STREET ADDRESS 1223 SALMONBERRY PL
CITY-ST-ZIP ROCKLEDGE, FL 32955

TITLE SD ☒ Delete
NAME THOMPSON, CAMILLE
STREET ADDRESS 1305 PEPPER TREE PLACE
CITY-ST-ZIP ROCKLEDGE FL

TITLE SD ☒ Change ☒ Addition
NAME M^{rs} Cormick, Rebecca
STREET ADDRESS 1208 Waldenpond Ct.
CITY-ST-ZIP Rockledge, FL 32955

TITLE SD ☒ Delete
NAME THOMPSON, CAMILE
STREET ADDRESS 1305 TREP PLACE
CITY-ST-ZIP ROCKLEDGE FL 32955

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Florence Beckner FLORENE BECKNER Treas. 4-17-00 321-632-6364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)