

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47829

1. Entity Name

HERITAGE ACRES HOMEOWNERS' ASSOCIATION OF BREVAR

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90127 014 ****61.25

Principal Place of Business

1311 SEQUOLA PL
ROCKLEDGE FL 32955
US

Mailing Address

P O BOX 561311
ROCKLEDGE FL 32955
US

2. Principal Place of Business

1223 SALMONBERRY PL
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 561311
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ROCKLEDGE, FLORIDA

City & State

ROCKLEDGE, FLORIDA

4. FEI Number

59-3111959

Applied For

Not Applicable

Zip

32955

Country

USA

Zip

32956-1311

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BECKNER, FLORENCE
1223 SALMONBERRY PLACE
ROCKLEDGE FL 32955

FLORENCE

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.

SIGNATURE

Florence Beckner, Registered Agent & Treas.

1-15-01

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	P	<input type="checkbox"/> Delete
NAME	MILLER, DENIS DENNIS	
STREET ADDRESS	1000 HERITAGE BLVD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MICHAEL A	
STREET ADDRESS	1240 HERITAGE BLVD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, ROBERT	
STREET ADDRESS	1314 SEQUOIA PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, CAMILLE	
STREET ADDRESS	1305 PEPPERTREE PLACE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, CAMILLE	
STREET ADDRESS	1305 TREP PLACE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES + DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DENNIS	
STREET ADDRESS	1220 HERITAGE ACRES BLVD	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	V. PRES + DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED L. HARVEY, JR	
STREET ADDRESS	1304 PEPPERTREE PLACE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	TREAS + DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORENCE BECKNER	
STREET ADDRESS	1223 SALMONBERRY PL.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	SEC + DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBECCA MCORMICK	
STREET ADDRESS	1208 WALDEN POND CT.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
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:

Florence Beckner

Date

1-15-01

Daytime Phone #

321-6326364

CR2E037 (10/00)