

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90039 049 ****61.25

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1. Entity Name

**HERITAGE VILLAGE HOMEOWNERS ASSOCIATION CORPORAT
ION OF LARGO**



Principal Place of Business

**12840 SEMINOLE BLVD
LOT 45
LARGO FL 33778
US**

Mailing Address

**12840 SEMINOLE BLVD
LOT 45
LARGO FL 33778
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 **59-2421877**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GLADYS, STANLEY
12840 SEMINOLE BLVD LOT 80
LARGO FL 33778**

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

1-6-03

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	D	<input type="checkbox"/> Delete
NAME	SIMPSON, JUNE	
STREET ADDRESS	12840 SEMINOLE BLVD 76	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWEN, WILMA	
STREET ADDRESS	12890 SEMINOLE BLVD LOT B	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACKOWIAH, JANE	
STREET ADDRESS	12840 SEMINOLE BLVD LOT 69	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUELLER, ALVIN	
STREET ADDRESS	12840 SEMINOLE BLVD 45	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICHOL, GORDAN	
STREET ADDRESS	12840 SEMINOLE BLVD LOT 32	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, LES	
STREET ADDRESS	12840 SEMINOLE BLVD LOT 64	
CITY-ST-ZIP	LARGO FL 33778	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID LAWSON	
STREET ADDRESS	12840 SEMINOLE BLVD LOT 21	
CITY-ST-ZIP	LARGO FL 33778	

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 REQUIRED

1/6/03

727-587-7940

CR2E037 (10/02)