

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90032 030 \*\*\*\*61.25

**DOCUMENT # N96000000747**

1. Entity Name

**HERITAGE PLACE PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5695 BEGGS RD.  
 STE B100  
 ORLANDO FL 32810  
 US

5695 BEGGS RD.  
 STE B100  
 ORLANDO FL 32810  
 US

80086771



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 2180 W. SR 434

3. Mailing Address  
 2180 W. SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 5000

STE 5000

City & State  
 LONGWOOD, FL

City & State  
 LONGWOOD, FL

4. FEI Number  
 59-3382798

Applied For  
 Not Applicable

Zip  
 32779-5001

Country  
 US

Zip  
 32779-5001

Country  
 US

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

SUTHERLAND, THERESA D  
 5695 BEGGS RD.  
 STE B100  
 ORLANDO FL 32810

Name  
 JAMES W HART JR.  
 Street Address (P.O. Box Number is Not Acceptable)  
 SENTRY MANAGEMENT INC.  
 2180 W. SR 434 STE 5000  
 City  
 LONGWOOD FL 32779-5001

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALDWIN, HARRY 12736 GETTYSBURG CIR. ORLANDO FL 32837	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHORTEN, JOSEPH P 3113 AMTIRTAM CREEK CT. ORLANDO FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHARLEBOIX, STEPHANIE 12757 GETTYSBURG CIRCLE ORLANDO FL 32837	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDOCK, JIM 12606 Winfield Point Boulevard Orlando, FL 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEIMERMANN, DIANA 12532 Winfield Scott Boulevard Orlando, FL 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph P. Shorten Jr 3/27/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)