

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

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90071 007 \*\*\*\*61.25

DOCUMENT # *N96000006327*

1. Entity Name

*HERITAGE CREST HOMEOWNERS ASSOCIATION, INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*3802 EHRUCH ROAD*

Suite, Apt. #, etc.

*SUITE 106*

City & State

*TAMPA, FLORIDA*

Zip

*33624*

Country

*US*

3. Mailing Address

*PO BOX 340747*

Suite, Apt. #, etc.

City & State

*TAMPA, FLORIDA*

Zip

*33694*

Country

*US*

4. FEI Number

*65-0729767*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *SUN COVE REALTY INC.*

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

*3802 EHRUCH RD, SUITE 106*

City

*TAMPA*

FL

Zip Code

*33624*

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IN THIS SPACE**

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

*Patricia S. Green*

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

*Patricia S. Green, Com Manager 3/22/02*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*PRESIDENT - DIRECTOR  
STEVE CLEVELAND  
1504 HERITAGE DRIVE  
VALRICO FL 33594*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*DIRECTOR  
RUBEN WATSON  
1806 BRANDYWAY  
BRANDON, FL 33510*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*SEC - DIRECTOR  
NANCY TRULLUCK  
2213 HERITAGE CREST  
VALRICO FL 33594*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*DIRECTOR  
ERNEST WILLIAMS  
1508 HERITAGE CREST  
VALRICO FL 33594*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*DIRECTOR - VP  
DONALD WOODFORD  
2214 HERITAGE CREST  
VALRICO FL 33594*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*DIRECTOR  
MANNY MIRA  
1501 CREST CT.  
VALRICO FL 33594*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Patricia S. Green* 3/22/02

CR2E037B (12/01)