

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 22, 2008 8:00 am
Secretary of State

04-28-2008 90340 025 ****61.25

DOCUMENT # N97000000367 1. Entity Name HERITAGE OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ARGUS PROP MGMT., INC. 2477 STICKNEY POINT RD., 118A SARASOTA FL 34231			Mailing Address ARGUS PROP MGMT., INC. 2477 STICKNEY POINT RD., 118A SARASOTA FL 34231		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 65-0728484		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CROSS, DARLENE 2477 STICKNEY POINT RD., 118A SARASOTA FL 34231			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 fee (if applicable). (NOTE: Registered Agent signature is required when registering.)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3 SPRANDEL, ALICE 4490 CHASE OAKS DRIVE SARASOTA FL 34241	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST SPINDLER, LARRY 4508 CHASE OAKS DR SARASOTA FL 34241	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST WHALEN, FRANK 4514 CHASE OAKS DR SARASOTA FL 34241	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D STIEFELMEYER, GEORGE 4683 CHASE OAKS DR SARASOTA FL 34241	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS CROSS, DARLENE 2477 STICKNEY PARK RD., SUITE 118A SARASOTA FL 34241	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ ☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP Alice Sprandel 4490 Chase Oaks Dr Sarasota FL 34241	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P - Larry Spindler 4508 Chase Oaks Dr. Sarasota FL 34241	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T Frank Whalen 4514 Chase Oaks Drive Sarasota FL 34241	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ ☐ Change ☐ Addition	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S. Bob Sueter 4607 Chase Oaks Dr. Sarasota FL 34241	☐ Change ☒ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
3/25/08 941-927-6464 DATE					