

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90094 040 ****61.25

DOCUMENT # N97000000560

1. Entity Name

HERITAGE OAKS CLUB HOMES I, INC.



Principal Place of Business

Mailing Address

C/O ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT RD., STE. 118A
SARASOTA FL 34231

C/O ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT RD., STE. 118A
SARASOTA FL 34231



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0736844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSS, DARLENE
2477 STICKNEY PT SMILE 118A
SARASOTA FL 34231

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: P ☒ Delete
NAME: CAPISTRANT, NORBERT
STREET ADDRESS: 5051 CHASE OAKS DR
CITY ST ZIP: SARASOTA FL 34241

TITLE: Samuel League U.P. ☐ Change ☒ Addition
NAME: 5027 Chase Oaks Dr.
STREET ADDRESS: Sarasota FL 34241
CITY ST ZIP: SARASOTA FL 34241

TITLE: VP ☐ Delete
NAME: MASTERSON, DENNIS
STREET ADDRESS: 4991 CHASE OAKS DR
CITY ST ZIP: SARASOTA FL 34241

TITLE: P. ☒ Change ☒ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ST ☒ Delete
NAME: LANG, JAMES
STREET ADDRESS: 5033 CHASE OAKS DR
CITY ST ZIP: SARASOTA FL 34241

TITLE: Elliot Marcus S-T ☐ Change ☒ Addition
NAME: 5021 Chase Oaks Drive
STREET ADDRESS: Sarasota FL 34241
CITY ST ZIP: SARASOTA FL 34241

TITLE: ATS ☐ Delete
NAME: CROSS, DARLE E
STREET ADDRESS: 2477 STRICKNEY RD #118A
CITY ST ZIP: SARASOTA FL 34231

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST ZIP:

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:

Darlene Cross **DARLENE CROSS, AS**

4/4/07

941-927-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #