

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

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90037 035 ****61.25

DOCUMENT # N97000000560

1. Entity Name

HERITAGE OAKS CLUB HOMES I, INC.



Principal Place of Business

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

Mailing Address

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0736844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

TITLE VP ☐ Delete
NAME LAGUE, SAMUEL
STREET ADDRESS 5027 CHASE OAKS DR
CITY-ST-ZIP SARASOTA FL 34241

TITLE P ☒ Delete
NAME MASTERSON, DENNIS
STREET ADDRESS 4991 CHASE OAKS DR
CITY-ST-ZIP SARASOTA FL 34241

TITLE ST. ☐ Delete
NAME MARCUS, ELLIOT
STREET ADDRESS 5021 CHASE OAKS DRIVE
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Norbert Capistrant ☐ Change ☒ Addition
NAME 5051 Chase Oaks Dr.
STREET ADDRESS Sarasota FL 34241
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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 AST* DARLENE CROSS AST

3/21/08

941-927-6464