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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003579 ✓ *ok*

1. Corporation Name

HERITAGE OAKS II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~11060 AMBERWOOD ROAD~~
~~UNIT 4~~
~~FT. MYERS FL 33913~~

~~11060 AMBERWOOD ROAD~~
~~UNIT 4~~
~~FT. MYERS FL 33913~~



2. Principal Place of Business

2a. Mailing Address

21 *10060 Amberwood Rd.*

26 *10060 Amberwood Rd.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 *4*

27 *4*

City & State

City & State

23 *Ft. Myers, FL*

28 *Ft. Myers, FL*

Zip

Zip

Country

Country

24 *33913*

29 *33913*

25 *U.S.*

30 *U.S.*

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/20/97

4. FEI Number

65-0769202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

10. Name and Address of New Registered Agent

81 Name

Bob Gelles

82 Street Address (P.O. Box Number Is Not Acceptable)

Gulf Coast Management Services

83

10060 Amberwood Rd #4

84 City

Ft. Myers

85

Zip Code

33913

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Robert E. Gelles

Robert E. Gelles

DATE

4-16-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME *D*

1.2 NAME *DV*

STREET ADDRESS *ALLEGRA, ROBERT T*

1.3 STREET ADDRESS

CITY-ST-ZIP *10491 SIX MILE CYPRESS PKWY., SUITE 101*

1.4 CITY-ST-ZIP

FT. MYERS FL 33912

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME *D*

2.2 NAME *DP*

STREET ADDRESS *DANNA, CHARLES*

2.3 STREET ADDRESS

CITY-ST-ZIP *10491 SIX MILE CYPRESS PKWY., SUITE 101*

2.4 CITY-ST-ZIP

FT. MYERS FL 33912

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME *D*

3.2 NAME *DST*

STREET ADDRESS *CHAMBERS, CONNOR*

3.3 STREET ADDRESS

CITY-ST-ZIP *10491 SIX MILE CYPRESS PKWY., SUITE 101*

3.4 CITY-ST-ZIP

FT. MYERS FL 33912

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Danna, Jr.* *Charles Danna, Jr.* *4-13-99* *(941) 581-1600*