6/8/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2001 8:00 am
Secretary of State

06-08-2001 90006 008 ****61.25

DOCUMENT # N97000003579

1. Entity Name

HERITAGE OAKS II HOMEOWNERS ASSOCIATION, INC.

(A)

Mailing Address

Gulf Coast Management Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913

Gulf Coast Management Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913

[redacted]

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0769202 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~GELLES, BOB~~
GULF COAST MGMT SERVICES
10050 AMBERWOOD RD #4
FT MYERRS FL 33913

7. Name and Address of New Registered Agent

Name Ken Hayden

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

Gulf Coast Management Services, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 33913

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DV NAME DANNA, CHARLES STREET ADDRESS 337 INTERSTATE BLVD. CITY-ST-ZIP SARASOTA FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DP NAME ALLEGRA, ROBERT T STREET ADDRESS 337 INTERSTATE BLVD. CITY-ST-ZIP SARASOTA FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DST NAME CHAMBERS, CONNOR STREET ADDRESS 337 INTERSTATE BLVD. CITY-ST-ZIP SARASOTA FL 34240	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D President NAME Anthony Dolce STREET ADDRESS 4583 Chase Oaks Dr. CITY-ST-ZIP Sarasota, FL. 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME John Goessling STREET ADDRESS 4577 Chase Oaks Dr. CITY-ST-ZIP Sarasota, FL. 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME Robert Rice STREET ADDRESS 4594 Chase Oaks Dr. CITY-ST-ZIP Sarasota, FL. 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E037 (10/00)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Anthony Dolce President 941-929-9779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #