

6/8/

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003579**

1. Entity Name

HERITAGE OAKS II HOMEOWNERS ASSOCIATION, INC.

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

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



Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0769202

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number in Most Cases)

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

L

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.

(NOT 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

TITLE	DV	☐ Delete
NAME	DANNA, CHARLES	
STREET ADDRESS	337 INTERSTATE BLVD.	
CITY - ST - ZIP	SARASOTA FL 34240	
TITLE	DP	☐ Delete
NAME	ALLEGRA, ROBERT T	
STREET ADDRESS	337 INTERSTATE BLVD.	
CITY - ST - ZIP	SARASOTA FL 34240	
TITLE	DST	☐ Delete
NAME	CHAMBERS, CONNOR	
STREET ADDRESS	337 INTERSTATE BLVD.	
CITY - ST - ZIP	SARASOTA FL 34240	
TITLE	D	☐ Delete
NAME	President Anthony Polce	
STREET ADDRESS	4583 Chase Oaks Dr.	
CITY - ST - ZIP	Sarasota, FL 34241	
TITLE	D	☐ Delete
NAME	John Goessling	
STREET ADDRESS	4577 Chase Oaks Dr.	
CITY - ST - ZIP	Sarasota, FL 34241	
TITLE	D	☐ Delete
NAME	Robert Rice	
STREET ADDRESS	4594 Chase Oaks Dr.	
CITY - ST - ZIP	Sarasota, FL 34241	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)