

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006993

FILED
Mar 19, 2009
Secretary of State

Entity Name: HERITAGE OAKS PLANNED COMMUNITY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 2470
ORANGE PARK, FL 32067 US

New Principal Place of Business:

2235 THOMAS LYNCH COURT
ORANGE PARK, FL 32073 US

Current Mailing Address:

PO BOX 2470
ORANGE PARK, FL 32067 US

New Mailing Address:

FEI Number: 59-3424246 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

OWENS, ERIC
2235 THOMAS LYNCH CT
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OWENS, ERIC
Address: 2235 THOMAS LYNCH CT
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: YOUNG, KEVIN
Address: 519 CHAS PINCKNEY ST
City-St-Zip: ORANGE PARK, FL 32073

Title: S () Delete
Name: TALTY, DEE
Address: 2311 THOMAS LYNCH CT
City-St-Zip: ORANGE PARK, FL 32073

Title: ST () Delete
Name: CAUDILL, CHUCK
Address: 507 CHARLES PINCKNEY
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC H OWENS

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date