

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002896

1. Entity Name

HERITAGE OAKS III HOMEOWNERS ASSOCIATION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90004 045 ****61.25

Principal Place of Business

10060 AMBERWOOD RD
 #4
 FT. MYERS FL 33913

Mailing Address

10060 AMBERWOOD RD
 #4
 FT. MYERS FL 33913-6522

2. Principal Place of Business

10481 Six Mile Cypress Pky
 Suite, Apt. #, etc.

3. Mailing Address

10481 Six Mile Cypress Pky
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number

65-0841712

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33912

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GELLES, BOB
 GULF COAST MANAGEMENT SERVICES
 10060 AMBERWOOD RD., #4
 FORT MYERS FL 33913

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.

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

TITLE ☐ Delete
 NAME DP
 STREET ADDRESS DANNA, CHARLES
 CITY-ST-ZIP 337 INTERSTATE BLVD.
 SARASOTA FL 34240

TITLE ☐ Delete
 NAME DV
 STREET ADDRESS ALLEGRA, ROBERT T
 CITY-ST-ZIP 337 INTERSTATE BLVD.
 SARASOTA FL 34240

TITLE ☐ Delete
 NAME DST
 STREET ADDRESS CHAMBERS, CONNOR
 CITY-ST-ZIP 337 INTERSTATE BLVD.
 SARASOTA FL 34240

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 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: Connor Chambers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

4-28-00 941-377-1222