

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2001 8:00 am**  
**Secretary of State**

06-08-2001 90006 011 \*\*\*\*61.25

**DOCUMENT # N98000002896**

1. Entity Name

**HERITAGE OAKS III HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

10481 SIX MILE CYPRESS PKY  
 FORT MYERS FL 33912

Mailing Address

10481 SIX MILE CYPRESS PKY  
 FORT MYERS FL 33912

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0841712

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 MANAGEMENT SERVICES**  
 10060 AMBERWOOD RD., #4  
 FORT MYERS FL 33913

Name

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

City

7. Name and Address of New Registered Agent

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

Zip Code

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

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	DP	<input type="checkbox"/> Delete
NAME	DANNA, CHARLES	
STREET ADDRESS	337 INTERSTATE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALLEGRA, ROBERT T	
STREET ADDRESS	337 INTERSTATE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	DST	<input type="checkbox"/> Delete
NAME	CHAMBERS, CONNOR	
STREET ADDRESS	337 INTERSTATE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

CR2E037 (10/00)