

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90058 027 ****61.25

C0048935

DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000001979**1. Entity Name**

HERITAGE OAK PARK COMMUNITY ASSOCIATION, INC.

Principal Place of Business26212 MADRAS COURT
CHARLOTTE HARBOR FL 33983**Mailing Address**200 SOUTH ORANGE AVE
C/O WILLIAM M. SEIDER
CHARLOTTE HARBOR FL 33983**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & StateCity & State
SARASOTA, FL**4. FEI Number**

65-0915835

Applied For

Not Applicable

Zip**Country**Zip
34236**Country****5. Certificate of Status Desired** ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SEIDER, WILLIAM M
200 SOUTH ORANGE AVE
SARASOTA, FL 34236**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, PHILIP J	NAME	
STREET ADDRESS	26212 MADRAS COURT	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33983	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, KATHLEEN	NAME	
STREET ADDRESS	26212 MADRAS COURT	STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33983	CITY-ST-ZIP	
TITLE	MORRIS, ROBERT A., III <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	26212 MADRAS COURT	NAME	
STREET ADDRESS	CHARLOTTE HARBOR FL 33983	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 (11/00)