

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90012 011 ****61.25

DOCUMENT # N99000007046

1. Entity Name

HERITAGE OAKS CLUB HOMES VI, INC.



Principal Place of Business

Mailing Address

ARBUS PROP MGMT, INC.
2477 STICKNEY POINT RD., #118A
SARASOTA FL 34231

ARBUS PROP MGMT, INC.
2477 STICKNEY POINT RD., #118A
SARASOTA FL 34231



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0974900

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSS, DARLENE
2477 STICKNEY POINT RD.
#118A
SARASOTA FL 34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP
AT
SWIDER, MIKE
5217 CHASE OAKS DR
SARASOTA FL 34241 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP
STD
TIREY, VICKEY
5199 CHASE OAKS DR
SARASOTA FL 34241 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP
Peter Spooner, S/T
5169 Chase Oaks Drive
Sarasota FL 34241 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP
AS
CROSS, DARLENE
2477 STICKNEY DR., #118A
SARASOTA FL 34231 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP
P
POWERS, NORM
5175 CHASE OAKS DR
SARASOTA FL 34241 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP
VP
MCGRAW, JOE
5187 CHASE OAKS DR
SARASOTA FL 34241 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY ST-ZIP
☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Darlene Cross AS **DARLENE CROSS**

3/1/07

Date

941-927-6464

Daytime Phone #