

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jun 08, 2001 8:00 am
Secretary of State

0069411

06-08-2001 90006 007 ****61.25

DOCUMENT # N99000007049

1. Entity Name

HERITAGE OAKS GOLF VILLAS V, INC.**554144**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

10060 AMBERWOOD RD., #3
FT. MYERS FL 33913

Mailing Address

10060 AMBERWOOD RD., #3
FT. MYERS FL 33913

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0975516

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SWALM, MURRELL & SAMOUCHE, P.A.
2375 TAMAMI TR., NORTH, STE. 308
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

St.

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

C

Zip Code

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

SIGNATURE

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

(NOT Registered Agent's 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 **D** ☐ Delete
NAME **DANNA, CHARLES**
STREET ADDRESS **337 INTERSTATE BLVD.**
CITY-ST-ZIP **SARASOTA FL 34240**TITLE **D** ☐ Delete
NAME **ALLEGRA, ROBERT T**
STREET ADDRESS **337 INTERSTATE BLVD.**
CITY-ST-ZIP **SARASOTA FL 34240**TITLE **D** ☐ Delete
NAME **CHAMBERS, CONNOR**
STREET ADDRESS **337 INTERSTATE BLVD.**
CITY-ST-ZIP **SARASOTA FL 34240**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE:

CR2E037 (10/00)