

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000368

Entity Name: HERITAGE OAKS GOLF VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**ARGUS PROP MGMT INC
2477 STICKNEY POINT RD 118A
SARASOTA, FL 34231**Current Mailing Address:**2477 STICKNEY PT. RD., SUITE 118-A
SARASOTA, FL 34231 US**FEI Number:** 65-0728486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CROSS, DARLENE
2477 STICKARY PT. RD. #118A
SARASOTA, FL 34231 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	SYMTH, THOMAS
Address	4572 SAMOSET DRIVE
City-State-Zip:	SARASOTA FL 34241

Title	VP
Name	ALLEN, ROY
Address	4444 CHASE OAKS DR.
City-State-Zip:	SARASOTA FL 34241

Title	T
Name	THOMPSON, THOMAS
Address	4438 CHASE OAKS DR
City-State-Zip:	SARASOTA FL 34241

Title	AS
Name	CROSS, DARLENE
Address	2477 STICKNEY POINT RD 118A
City-State-Zip:	SARASOTA FL 34231

Title	S
Name	SWETERLITSCH, FRANK
Address	4528 SAMOSET DR
City-State-Zip:	SARASOTA FL 34241

Title	DIRECTOR
Name	TURNBULL, DAVID
Address	4590 SAMOSET DR.
City-State-Zip:	SARASOTA FL 34241

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DARLENE CROSS**ASST. SECRETARY****02/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date