
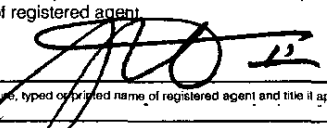
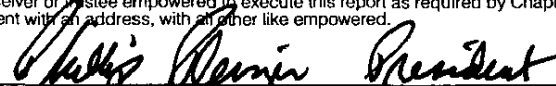


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90026 036 ****61.25

DOCUMENT # N95000005543 1. Entity Name NAPLES HERITAGE GOLF & COUNTRY CLUB, INC.					
Principal Place of Business 8150 HERITAGE CLUB WAY NAPLES, FL 34112			Mailing Address 10060 AMBERWOOD RD SUITE 6 FORT MYERS, FL 33913		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8150 HERITAGE CLUBWAY Suite, Apt. #, etc.			
City & State City: NAPLES, FL		4. FEI Number 65-0626636		Applied For <input type="checkbox"/> Not Applicable	
Zip 34112		Country COLLIE N		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SARVER, HELEN I 10060 AMBERWOOD RD #6 FORT MYERS, FL 33913			7. Name and Address of New Registered Agent Name: ROBERT L. WAIGH7 Street Address (P.O. Box Number is Not Acceptable): 8150 HERITAGE CLUB WAY City: NAPLES FL Zip Code: 34112		
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:  DATE: 3/11/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD CUNNINGHAM, ELEANOR C 8655 NAPLES HERITAGE DR. #316 NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PHI PLESSINGER 7890 NAPLES HERITAGE DR NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHRISTENSEN, MARY 8360 HERITAGE LINKS CT. #2115 NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOWARD LAVER 8766 NAPLES HERITAGE DR NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STONE, DANIEL 8787 NAPLES HERITAGE DR. NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS PAUL F. REIBERG 7505 STONEYBROOK DR #734 Naples, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDREWS, AUDREY 8007 KILKENNY WAY NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Richard Leonard 7940 Kilkenney Way NAPLES FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLITZ, JACK 8850 NAPLES HERITAGE DT NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE: 			4/06/04 289-417-2555		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		