


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91346 044 ****61.25

DOCUMENT# N96000000071

1. Entity Name
HERITAGE OAKS GOLF & COUNTRY CLUB, INC.



Principal Place of Business
**4800 CHASE OAKS DRIVE
SARASOTA FL 34241**

Mailing Address
~~10491 SIX MILE CYPRESS PKWY
FORT MYERS FL 33912~~

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4800 Chase Oaks Drive
Suite, Apt. #, etc.

City & State
Sarasota FL

Zip Country
34241 Sarasota

4. FEI Number **65-0639147**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BURNS, ALAN R
10491 SIX MILE CYPRESS PARKWAY STE 101
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name **Mr. Paul Murr**

Street Address **4800 Chase Oaks Drive**

City **Sarasota, FL 34241**

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]* DATE **4-23-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME ALLEGRA, ROBERT	
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY STE 101	
CITY-ST-ZIP FORT MYERS FL 33912	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME DANNA, CHARLES	
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY STE 101	
CITY-ST-ZIP FORT MYERS FL 33912	
TITLE STD	<input checked="" type="checkbox"/> Delete
NAME BURNS, ALAN R	
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY STE 101	
CITY-ST-ZIP FORT MYERS FL 33912	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. PRESIDENTS, VICE PRESIDENTS, SECRETARIES, TREASURERS AND OTHER OFFICERS AND DIRECTORS IN 10

TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Charles Mertz	
STREET ADDRESS 4800 Chase Oaks Drive	
CITY-ST-ZIP Sarasota, FL 34241	
TITLE Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME William Hunt	
STREET ADDRESS 4800 Chase Oaks Drive	
CITY-ST-ZIP Sarasota, FL 34241	
TITLE Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Paul Murr	
STREET ADDRESS 4800 Chase Oaks Drive	
CITY-ST-ZIP Sarasota, FL 34241	
TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jo Bloom	
STREET ADDRESS 4800 Chase Oaks Drive	
CITY-ST-ZIP Sarasota, FL 34241	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **REQUIRED**

4-23-03

CR2E037 (10/02)