

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morgan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 268888

(5)

1. Corporation Name

HEATHER HILLS GOLF CLUB, INC.



Principal Place of Business

101 CORTEZ RD W  
BRADENTON FL 34207-1538

Mailing Address

101 CORTEZ RD W  
BRADENTON FL 34207-1538

3. Date Incorporated or Qualified

04/11/1963

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

COPEMAN, RICK  
101 CORTEZ RD.  
BRADENTON FL 34205

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Corporation or Registered Agent (Print Name)

Signature of Registered Agent (Print Name)

(Date)

12. OFFICERS AND DIRECTORS

|                    |                    |                                 |
|--------------------|--------------------|---------------------------------|
| 1. TITLE           | P                  | <input type="checkbox"/> DELETE |
| 2. NAME            | COPEMAN, RICK      |                                 |
| 3. STREET ADDRESS  | 101 CORTEZ RD.     |                                 |
| 4. CITY-STATE-ZIP  | BRADENTON FL       |                                 |
| 5. TITLE           | S                  | <input type="checkbox"/> DELETE |
| 6. NAME            | COPEMAN, MELINDA   |                                 |
| 7. STREET ADDRESS  | 101 CORTEZ RD      |                                 |
| 8. CITY-STATE-ZIP  | BRADENTON FL       |                                 |
| 9. TITLE           | T                  | <input type="checkbox"/> DELETE |
| 10. NAME           | COPEMAN, MARY M    |                                 |
| 11. STREET ADDRESS | 7606-27TH AVE., W. |                                 |
| 12. CITY-STATE-ZIP | BRADENTON FL       |                                 |
| 13. TITLE          |                    | <input type="checkbox"/> DELETE |
| 14. NAME           |                    |                                 |
| 15. STREET ADDRESS |                    |                                 |
| 16. CITY-STATE-ZIP |                    |                                 |
| 17. TITLE          |                    | <input type="checkbox"/> DELETE |
| 18. NAME           |                    |                                 |
| 19. STREET ADDRESS |                    |                                 |
| 20. CITY-STATE-ZIP |                    |                                 |
| 21. TITLE          |                    | <input type="checkbox"/> DELETE |
| 22. NAME           |                    |                                 |
| 23. STREET ADDRESS |                    |                                 |
| 24. CITY-STATE-ZIP |                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-STATE-ZIP |                                                                   |

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Copeman

1/25/96

941-755-8888

CR2E034 (12/95)