DOCUMENT # 720227 1. Entity Name HENDERSON CREEK CLUB, INC.					Apr 29, 2002 8:00 am Secretary of State 04-29-2002 90092 030 ****61.25				
Principal Place of Business Mailing Address 18 SONDERHEN CIRCLE C/O PATSY JULIAN					<u> </u> 				
NAPLES FL	. 33961-5207	16 DERHENSON DR NAPLES FL 34114 US							
	al Place of Business	3. Mailing Address 26 Creex	26 Creek Circle						
Suite, A	pt. #, etc.	Suite, Apt. #, etc.	<u> </u>			DO NOT WRITE I	N THIS SPACE		
City & S	itate المحادث ومستعمل المحادث	City & State DAPLO A	(A STATE OF THE STA	4. FEI Number	59-1398677		Applied For	
Zip	Country	Zip 34114	CoUL		5. Certificate of S		□ \$8.75 Ac		
	6. Name and Address of Current	Registered Agent	COUL		7. Name and Ad	dress of New Regi	Fee Requir	red	
JULIAN, 16 DERI	PATSY IENSON DR		Name Street	Kos		9.15.10B	Pogle		
HEBDER NAPLES	8	Hendenson Creck PArk							
Ĺ <u> </u>	City	PAPUS FL Zin Code y a or registered agent, or both, in the state of Florida.				de // \(\frac{1}{4} \)			
SIGNATURE	Q_{α}	can frest	Registered Agent signs	, veas	me	the state of Florida	1 <u>-70-20</u> 0	<u>5</u>	
3	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	9. Election Campaign Financing Trust Fund Contribution.			Make Depa	Check Payable artment of State	to e	
TITLE	OFFICERS AND DIR		11.	A	DITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN	N 10	
NAME STREET ADDRESS CITY-ST-ZIP	JULIAN, PATSY 16 DERHENSON DR.	Delete	TITLE NAME STREET ADDRESS	Rosa 26 C	nne Leisin neek Circ	g Hogle	☐ Change	Addition	
TITLE	NAPLES FL D		CITY-ST-ZIP	NAP	lo PC			1	
NAME STREET ADDRESS	ENTRICAN, TERRENCE 7-CREEK GIRCLE	☐ Delete	TITLE NAME	نية بعد ميانمان الد	التيارية الراء منهم فيساحت		☐ Change	Addition	
CITY-ST-ZIP	NAPLES FL 34114		STREET ADDRESS CITY-ST-ZIP		·			,	
TITLE NAME	VPMD ESKRIDGE, RICHARD	☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS	2 CREEK CIRCLE		NAME STREET ADDRESS				щ enange		
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP					1	
TITLE NAME	MYER, RICHARD	☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	10 CREEK CIRCLE NAPLES FL 34114		NAME STREET ADDRESS CITY-ST-ZIP				-	- ·	
TITLE		□ Delete	TITLE						
NAME STREET ADDRESS			NAME				☐ Change	Addition	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					- ·	
NAME STREET ADDRESS	€ .		NAME				☐ Change	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 the component with an address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002 UNIFORM BUSINESS REPORT (UBR)