

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 18 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A31477

1. Entity Name
COUNTRY CLUB WOODS, AFFORDABLE HOMES, LTD.



Principal Place of Business
5505 N. ATLANTIC AVE., SUITE 115
COCOA BEACH, FL 32931

Mailing Address
5505 N. ATLANTIC AVE., SUITE 115
COCOA BEACH, FL 32931

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

#108

Suite, Apt. #, etc.

#108

City & State

City & State

Zip

Country

Zip

Country

04132007 Chg-LP CR2E003 (12/06)

4. FEI Number
59-3402136

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVE., SUITE 115
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent

Name KINCAID, JAMES

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

5505 N ATLANTIC AVE., #108

City COCOA BEACH

FL

Zip Code 32931

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 James Kincaid
Signature, typed or printed name of registered agent and title if applicable.

DATE 4/20/2007

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P93000075715
NAME HERITAGE PARTNERS GROUP VIII, INC.
STREET ADDRESS 5505 N. ATLANTIC AVE., SUITE 115
CITY-ST-ZIP COCOA BEACH, FL 32931

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5505 N ATLANTIC AVE., #108
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

~~800103699678~~
~~06/01/07-01010-005 **508.75~~
400103701674
06/01/07-01014-005 **508.75

DOCUMENT #
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: James Kincaid, James Kincaid 4/20/2007 321-799-4088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE