

2002 UNIFORM BUSINESS REPORT (UBR)

4/1/0

FILED
May 12, 2002 8:00 am
Secretary of State

04-01-2002 90602 035 ****61.25

DOCUMENT # N01000003280

1. Entity Name

CLUB HOMES IV AT HERITAGE GREENS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address

10481 SIX MILE CYPRESS PKY.
FT. MYERS FL 33912

10481 SIX MILE CYPRESS PKY.
FT. MYERS FL 33912

27710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1112807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SWALM & BOURGEAU, P.A.
2375 TAMAMI TRAIL N., SUITE 308
NAPLES FL 34103

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D SPECTOR, GAIL**
STREET ADDRESS **10481 SIX MILE CYPRESS PKY.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D BURNS, ALAN R**
STREET ADDRESS **10481 SIX MILE CYPRESS PKY.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D MCMURRAY, DARIN**
STREET ADDRESS **10481 SIX MILE CYPRESS PKY.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 (ALAN R. BURNS)

1/25/02

1-941-278-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)