2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 23, 2005 8:00 am Secretary of State **DOCUMENT # N01000003280** 03-23-2005 90035 034 ****61.25 CLUB HOMES IV AT HERITAGE GREENS ASSOCIATION, Principal Place of Business Mailing Address 10481 SIX MILE CYPRESS PKY. -10481 SIX MILE CYPRESS PKY. FT. MYERS: FL 33912 FT: MYERS, FL 33912 2 Principal Place of Business 14275 SW 3. Mailing Address 4275 SW 142 Ave 142 Ave Sulte, Apt. #, etc. Suite, Apt. #, etc. 02082005 Chg-NP CR2E037 (10/03) FEI Number 65-1112807 City & State Applied For City & State 33186 33186 Miami Not Applicable Miami \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent BECKER & POLIAKOFF Street Address (P.O. Box Number is Not Acceptable) 14241 MEETROPOLIS AVE NAPLES, FL 34103 City Zip 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, typou or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Change Æddition 🙇 Delete John Jordan MAXWELL, ROBERT NAME 1729 Morning Sun Lane P.O. BOX 110156 STREET ADORESS STREET ADDRESS NAPLES: FL 34108 CITY-ST-ZIP CITY-ST-ZIP Naples, F1 34119 Delete TITLE Change Addition TITLE matthewLevine LOURENSO, FREDRICK MALLE MAME 1693 morning Sunhane STREET ADDRESS PO BOX 110156 STREET ADORESS Naples, F1 34119 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34108 Detete ☐ Change **Addition** TITLE TITLE Bessle Jacjoura LOPRESTI, SANDRA NAME 1737 Morning Sun Lane Naples Fl 34119 STREET ADDRESS P.O BOX 110156 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZP VΡ ☐ Change ☐ Addition TITLE X Delete TITLE COOK, RON NAME NAME 1609 MORNING SUN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP ☐ Detete TITLE ☐ Chance ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP ☐ Change ☐ Addition TITLE Delette TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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.

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