

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                                                         |                                                                                                                                         |                                                                                                               |  |
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| <b>DOCUMENT # N01000003280</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                         |                                                                                                                                         |                                                                                                               |  |
| <b>1. Entity Name</b><br>CLUB HOMES IV AT HERITAGE GREENS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                                                                         |                                                                                                                                         |                                                                                                               |  |
| <b>Principal Place of Business</b><br>14275 SW 142 AVE<br>MIAMI, FL 33186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                                         | <b>Mailing Address</b><br>14275 SW 142 AVE<br>MIAMI, FL 33186                                                                           |                                                                                                               |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                         | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                                                                        |                                                                                                               |  |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                         | <b>City &amp; State</b>                                                                                                                 |                                                                                                               |  |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | <b>Country</b>                                                                          |                                                                                                                                         | <b>4. FEI Number</b><br>65-1112807                                                                            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                         |                                                                                                                                         | <b>\$8.75 Additional Fee Required</b>                                                                         |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>BECKER & POLIAKOFF<br>14241 MEETROPOLIS AVE<br>NAPLES, FL 34103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           |                                                                                         | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                                               |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           |                                                                                         |                                                                                                                                         |                                                                                                               |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                                                         |                                                                                                                                         |                                                                                                               |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | <b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> |                                                                                                                                         | <b>\$5.00 May Be Added to Fees</b>                                                                            |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                         |                                                                                                                                         |                                                                                                               |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                         | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                            |                                                                                                               |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br>JORDAN, JOHN<br>1729 MORNING SUN LN<br>NAPLES, FL 34119       | <input type="checkbox"/> Delete                                                         | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>000000451767<br>03/10/06-80088-016 01.25 |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VPTR</b><br>LEVINE, MATTHEW<br>1693 MORNING SUN LN<br>NAPLES, FL 34119 | <input type="checkbox"/> Delete                                                         | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br>JARJOURA, BESSIE<br>1737 MORNING SUN LN<br>NAPLES, FL 34119   | <input type="checkbox"/> Delete                                                         | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | <input type="checkbox"/> Delete                                                         | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | <input type="checkbox"/> Delete                                                         | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | <input type="checkbox"/> Delete                                                         | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                             |  |
| <b>12. 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 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.</b> |                                                                           |                                                                                         |                                                                                                                                         |                                                                                                               |  |
| <b>SIGNATURE:</b> <i>John L Jordan</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                         | 2/20/06                                                                                                                                 |                                                                                                               |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                                                         | Date                                                                                                                                    |                                                                                                               |  |