

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90051 006 \*\*\*\*61.25

**DOCUMENT # N02000001791**

1. Entity Name

HERITAGE OAKS CLUB HOMES IX, INC.



Principal Place of Business

C/O ARP645 PROPERTY MGMT, INC.  
2477 STICKNEY PT. RD., STE. 118A  
SARASOTA FL 34231

Mailing Address

C/O ARP645 PROPERTY MGMT, INC.  
2477 STICKNEY PT. RD., STE. 118A  
SARASOTA FL 34231



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

55-0794744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

-CROSS, DARLENE  
2477 STICKNEY POINT RD.  
SUITE 118A  
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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, 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**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **HOLLAND, BRICE**  
STREET ADDRESS **5116 PERPERMILL CT**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **ST** ☐ Delete  
NAME **HOLLAND, DAN**  
STREET ADDRESS **5177 PEPPERMILL CT**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **VP** ☒ Delete  
NAME **BRILL, AARON**  
STREET ADDRESS **5105 PEPPERMILL CT**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE **AS** ☐ Delete  
NAME **CROSS, DARLENE**  
STREET ADDRESS **2477 STICKNEY PT RD, STE 118 A**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **AVP** ☐ Delete  
NAME **HUGHES, MARGIE**  
STREET ADDRESS **5098 PEPPERMILL CT**  
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **John McAllister**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Darlene Cross* **DARLENE CROSS** 1/29/08 941-927-6464