## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001890

FILED Apr 27, 2009 Secretary of State

Entity Name: HERITAGE BAY GOLE & COUNTRY CLUB INC

entity Nar	ne: HERITAG	E BAY GOLF & COUNTRY CI	LUB, INC	,		
Current Principal Place of Business:				New Principal Place of Business:		
10481 BEN C PRATT/6 MILE CYPRESS PARKWAY FT. MYERS, FL 339166				11691 GATEWAY BOULEVARD SUITE 203 FT. MYERS, FL 33913		
Current Mailing Address:				New Mailing Address:		
10481 BEN C PRATT/6 MILE CYPRESS PARKWAY FT. MYERS, FL 33966				11691 GATEWAY BOULEVARD SUITE 203 FT. MYERS, FL 33913		
El Number:	20-2643036	FEI Number Applied For ( )	FEI Nui	mber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT. MYERS, FL 33901 US				VISION MANAGEMENT 11691 GATEWAY BOULEVARD SUITE 203 FT. MYERS, FL 33913 US		
	named entity see of Florida.	submits this statement for the p	ourpose o	of changing its registered	d office or registered agent, or both,	
SIGNATURE: REBECCA SARVER					04/27/2009	
	Electron	ic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Fitle: Name: Address: City-St-Zip:	BURDETT, ANT	RATT/6 MILE CYPRESS PARKWAY		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: Dity-St-Zip:	MCMURRAY, D	RATT/6 MILE CYPRESS PARKWAY		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zin:	BILLUPS, JOHN	RATT/6 MILE CYPRESS PARKWAY		Title: Name: Address: CitysSt-Zin:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY BURDETT P 04/27/2009