


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90003 002 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N20412					
1. Corporation Name THE HEATHER GOLF & COUNTRY CLUB, INC.					
Principal Place of Business 7406 ST. ANDREWS BLVD. BROOKSVILLE FL 34613			Mailing Address 7406 ST. ANDREWS BLVD. BROOKSVILLE FL 34613		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/30/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2798377	
24 Country		29 Country		30	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BUREAU, MAURICE 8178 STURBRIDGE COURT BROOKSVILLE FL 34613				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				Brooksville FL 34613			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE Eileen Ball Eileen Ball April 6, 1999
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUTCHINSON, LARRY			1.2 NAME	Lewin, Richard		
STREET ADDRESS	7602 ST ANDREWS BLVD			1.3 STREET ADDRESS	7604 St. Andrews Blvd		
CITY-ST-ZIP	BROOKSVILLE FL 34613			1.4 CITY-ST-ZIP	Brooksville, FL 34613		
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	CP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BALL, EILEEN			2.2 NAME	Ball, Eileen		
STREET ADDRESS	7179 GALLOWAY ROAD			2.3 STREET ADDRESS	7179 Galloway Road		
CITY-ST-ZIP	BROOKSVILLE FL			2.4 CITY-ST-ZIP	Brooksville, FL 34613		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CHRISTENSEN, JAMES			3.2 NAME	Williamson, Raymond		
STREET ADDRESS	5230 FAIRHAVEN AVE			3.3 STREET ADDRESS	3196 Wiltshire Ave.		
CITY-ST-ZIP	SPRING HILL FL			3.4 CITY-ST-ZIP	Spring Hill, FL 34608		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HINSON, ELMORE			4.2 NAME	Hinson, Elmore		
STREET ADDRESS	8464 DIRLENTON WAY			4.3 STREET ADDRESS	8464 Dirlenton Way		
CITY-ST-ZIP	BROOKSVILLE FL 34613			4.4 CITY-ST-ZIP	Brooksville, FL 34613		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BUREAU, MAURICE			5.2 NAME	Clair Harding		
STREET ADDRESS	8178 STURBRIDGE COURT			5.3 STREET ADDRESS	7497 Heather Walk Drive		
CITY-ST-ZIP	BROOKSVILLE FL			5.4 CITY-ST-ZIP	Brooksville, FL 34613		
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOWARD, JOSEPH			6.2 NAME	Hutchinson, Marion		
STREET ADDRESS	8136 PAGODA DRIVE			6.3 STREET ADDRESS	7602 St. Andrews Blvd		
CITY-ST-ZIP	SPRING HILL FL			6.4 CITY-ST-ZIP	Brooksville, FL 34613		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eileen Ball SIGNATURE REQUIRED 4.6.99 352 596-5344
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037_11/98