2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# N29277

Entity Name: STUART HERITAGE, INC.

Current Principal Place of Business:

161 S.W FLAGLER AVE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

161 S.W FLAGLER AVE
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0087566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAWICK, CHRISTINE K
3993 SE OLD LUCIE BLVD
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: BYRON MCCARTNEY
Address: 2365 SE COUNTRY CLUB LANE
City-St-Zip: STUART, FL

Title: D ( ) Delete
Name: TOLEY ENGEBRESTSEN
Address: 409 NW RIVER DR.
City-St-Zip: STUART, FL

Title: CS ( ) Delete
Name: KLEMPERT, ELLEN
Address: 6290 SE PHILLIP BEND AVE
City-St-Zip: STUART, FL 34994

Title: TD ( ) Delete
Name: MCCARTEY, CATHERINE
Address: 2365 SE COUNTRY CLUB CAM
City-St-Zip: STUART, FL 34997

Title: PD ( ) Delete
Name: SAWICKI, CHRISTINE K
Address: 3993 SE OLD ST LUCIE BLVD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: BYRON MCCARTNEY
Address: 2890 SE FAIRWAY W
City-St-Zip: STUART, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MCCARTEY, CATHERINE
Address: 2890 SE FAIRWAY W
City-St-Zip: STUART, FL 34997

Title: ED (X) Change ( ) Addition
Name: SAWICKI, CHRISTINE K
Address: 3993 SE OLD ST LUCIE BLVD
City-St-Zip: STUART, FL 34996

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: BYRON B. MCCARTNEY PRES 05/18/2009

Electronic Signature of Signing Officer or Director — Date