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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43156 (1)
1. Corporation Name
HERITAGE RIDGE GOLF CLUB OF HOBE SOUND, INC.

Principal Place of Business 6510 SE HERITAGE BLVD. HOBE SOUND FL 33455	Mailing Address 6510 SE HERITAGE BLVD. HOBE SOUND FL 33455
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1991	3a. Date of Last Report 06/15/1994
4. FEI Number 65-0256769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent
**CORNETT, JANE L ESO
401 E OSCEOLA STREET
FIRST FLOOR
STUART FL 34994**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLEHER, HARRY 7925 S E TRENTON AVE HOBE SOUND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VARONE, JOSEPH A. 6954 SE BUNKER HILL DRIVE HOBE SOUND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MELLOY, MELVIN 6834 SE BUNKER HILL DR HOBE SOUND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PHELAN, EDWARD J. 7307 SE CONCORD PL HOBE SOUND FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	PD VARONE, JOSEPH A. 6954 BUNKER HILL DR HOBE SOUND FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	VD GOOSMAN, ROBERT L. 6235 AMES WAY HOBE SOUND FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	VD WIGISER, MARGARET 7101 SE QUINCY TERR HOBE SOUND, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	TD CAPORIZZO, ANTHONY J. 6813 SE BUNKER HILL DR HOBE SOUND, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	SD SHEA, JOHN JR. 6231 AMES WAY HOBE SOUND, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	Assistant Secretary/Director Marilyn Squier 7883 SE Lexington Avenue <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 604.057(3)(b), 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.

SIGNATURE:  **407-546-9998**
SIGNATURE (NAME TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Signature) (Name)
Joseph A. Varone, President