

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified: **04/22/1991**
 3a. Date of Last Report: **04/19/1995**
 4. FEI Number: **65-0256769**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
CORNETT, JANE L ESQ
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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VARONE, JOSEPH A	
STREET ADDRESS	6954 BUNKER HILL DR	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOOSMAN, ROBERT L	
STREET ADDRESS	6235 AMES WAY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHEA, JOHN, JR.	
STREET ADDRESS	6231 AMES WAY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAPORIZZO, ANTHONY J	
STREET ADDRESS	6813 SE BUNKER HILL DR	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	SQUIER, MARILYN	
STREET ADDRESS	7883 SE LEXINGTON AVENUE	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WGISER, MARGARET	
STREET ADDRESS	7101 SE QUINCY TERR	
CITY-ST-ZIP	HOBE SOUND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	2nd Vice President
6.3 STREET ADDRESS	SCHUELLER, HOWARD
6.4 CITY-ST-ZIP	7883 SE Saratoga Drive Hobe Sound, FL

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ **Joseph A. Varone 6/6/96**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **05 6/27/96** Daytime Phone #: **(561) 546-0000**

CR2E037 (3/96)