

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 11 1997 8:00am
 Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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.

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|--|--|
| 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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|--------------------------------------|---------------------------|---|--------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 65-0256769 | Applied For Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State | 28. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | 25. Country | 29. Zip | 30. Country |

DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 04/22/1991 | 3a. Date of Last Report 06/27/1996 |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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 | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL |

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 checked="" 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 checked="" type="checkbox"/> DELETE |
| NAME | CAPORIZZO, ANTHONY J | |
| STREET ADDRESS | 6813 SE BUNKER HILL DR | |
| CITY-ST-ZIP | HOBE SOUND FL | |
| TITLE | ASD | <input checked="" type="checkbox"/> DELETE |
| NAME | SQUIER, MARILYN | |
| STREET ADDRESS | 7883 SE LEXINGTON AVENUE | |
| CITY-ST-ZIP | HOBE SOUND FL 33455 | |
| TITLE | 2VP | <input type="checkbox"/> DELETE |
| NAME | SCHUELLER, HOWARD | |
| STREET ADDRESS | 1883 SE SARATOGA DRIVE | |
| CITY-ST-ZIP | HOBE SOUND FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | 2nd V.P. D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Margaret Elhart | |
| 1.3 STREET ADDRESS | 7044 SE Bunker Hill Drive | |
| 1.4 CITY-ST-ZIP | Hobe Sound, FL 33455 | |
| 2.1 TITLE | Vice President D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Richard Gearhart | |
| 2.3 STREET ADDRESS | 6168 SE Georgetown PL. | |
| 2.4 CITY-ST-ZIP | Hobe Sound, FL 33455 | |
| 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 | Treasurer D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Frank Anfuso | |
| 4.3 STREET ADDRESS | 5918 SE Franklin Place | |
| 4.4 CITY-ST-ZIP | Hobe Sound, FL 33455 | |
| 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 | President D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do 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.

SIGNATURE _____ SIGNATURE REQUIRED _____ 7/10/97 511 511 9009

CR2E037 (4/97)