

FILE NOW: FILING FEE IS \$61.25

FILED  
May 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthahn</b> 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 <b>6510 SE HERITAGE BLVD. HOBE SOUND FL 33455</b>	Mailing Address <b>6510 SE HERITAGE BLVD. HOBE SOUND FL 33455</b>
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3. Date Incorporated or Qualified <b>04/22/1991</b>	
4. FEI Number <b>65-0256769</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELHART, MARGARET	1.2 NAME	
STREET ADDRESS	7044 SE BUNKER HILL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARHART, RICHARD	2.2 NAME	FRANK WEILAND
STREET ADDRESS	6168 SE GEORGETOWN PL	2.3 STREET ADDRESS	6116 SE Georgetown Place
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, JOHN, JR.	3.2 NAME	MARTHA GOETHE
STREET ADDRESS	6231 AMES WAY	3.3 STREET ADDRESS	7023 SE Bunker Hill Dr.
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANFUSO, FRANK	4.2 NAME	
STREET ADDRESS	5918 SE FRANKLIN PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUELLER, HOWARD	5.2 NAME	TOM PENDERGAST
STREET ADDRESS	1883 SE SARATOGA DRIVE	5.3 STREET ADDRESS	7285 SE Concord Place
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 612, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **4 27 98** 566-0008

CR2E037 (10/97)