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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43156

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/22/1991

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD DELETE
NAME ELHART, MARGARET
STREET ADDRESS 7044 SE BUNKER HILL DRIVE
CITY-ST-ZIP HOBE SOUND FL

TITLE VPD DELETE
NAME WEILAND, FRANK
STREET ADDRESS 6116 SE GEORGETOWN PLACE
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE DS DELETE
NAME GOETHE, MARTHA
STREET ADDRESS 7023 SE BUNKER HILL DR
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE TD DELETE
NAME ANFUSO, FRANK
STREET ADDRESS 5918 SE FRANKLIN PLACE
CITY-ST-ZIP HOBE SOUND FL

TITLE PD DELETE
NAME PENDERGAST, TOM
STREET ADDRESS 7285 SE CONCORD PLACE
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President Change Addition
1.2 NAME Jack Shepherd
1.3 STREET ADDRESS 6206 SE Monticello Terr.
1.4 CITY-ST-ZIP Hobe Sound, FL 33455

2.1 TITLE Vice President Change Addition
2.2 NAME Ed Miller
2.3 STREET ADDRESS 7185 SE Quincy Terr.
2.4 CITY-ST-ZIP Hobe Sound, FL 33455

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

561-546-9998
Daytime Phone #

CR2E037 (11/98)