

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90680 047 ****61.25

DOCUMENT # N43156

1. Entity Name

HERITAGE RIDGE GOLF CLUB OF HOBE SOUND, INC.

Principal Place of Business

Mailing Address

**6510 SE HERITAGE BLVD.
 HOBE SOUND FL 33455**

**6510 SE HERITAGE BLVD.
 HOBE SOUND FL 33455**

T U O U O N

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0256769

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, JANE L ESQ
 401 E OSCEOLA STREET
 FIRST FLOOR
 STUART FL 34994**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD PARKER, BARRY**
 STREET ADDRESS **6134 SW GEORGETOWN PLACE**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD NYBERG, GEORGE**
 STREET ADDRESS **6287 SW AMES WAY**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME **TD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SCHIMMEL, JEANNE**
 STREET ADDRESS **7974 SE LEXINGTON AVE**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD CUNNINGHAM, FRED**
 STREET ADDRESS **6333 SE WILLIAMSBURG SRIVE, 12-201**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD DIGNEY, JOSEPH**
 STREET ADDRESS **7148 SW QUNICY TERRACE**
 CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VPD TERRY CHRISTEN**
 STREET ADDRESS **7024 SE Bunker Hill Dr.**
 CITY-ST-ZIP **HOBE SOUND, FL 33455**

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/01)