

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# N43156

**Entity Name:** HERITAGE RIDGE GOLF CLUB OF HOBE SOUND, INC.

**Current Principal Place of Business:**

6510 SE HERITAGE BLVD.  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

6510 SE HERITAGE BLVD.  
HOBE SOUND, FL 33455

**New Mailing Address:**

FEI Number: 65-0256769      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOK, ROBERT B  
17 BAY HARBOR ROAD  
JUPITER, FL 33469 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FARINA, ARMANDO  
Address: 8340 SE FAZIO DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: TD ( ) Delete  
Name: SANBORN, CAROLYN  
Address: 8300 SE FAZIO DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: SD (X) Delete  
Name: ODOARDI, NANCY P  
Address: 8340 SE FAZIO DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO FARINA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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04/28/2004

\_\_\_\_\_  
Date