

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90276 041 \*\*\*\*61.25

52211321

**DOCUMENT # N43156**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0256769**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Robert B Cook**  
Street Address (P.O. Box Number is Not Acceptable): **17 Bay Harbor Road**  
City: **Tequesta** FL Zip Code: **33469**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert B Cook*

**8/7/03**

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  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	<b>PARKER, BARRY</b>	
STREET ADDRESS	<b>6134 SW GEORGETOWN PLACE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>NYBERG, GEORGE</b>	
STREET ADDRESS	<b>6287 SW AMES WAY</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHIMMEL, JEANNE</b>	
STREET ADDRESS	<b>7974 SE LEXINGTON AVE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>CHRISTEN, TERRY</b>	
STREET ADDRESS	<b>7024 SE BUNKER HILL DR</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<b>DIGNEY, JOSEPH</b>	
STREET ADDRESS	<b>7148 SW QUNICY TERRACE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Armando Farina</b>	
STREET ADDRESS	<b>8340 SE FAZIO DRUG</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carolyn Sanborn</b>	
STREET ADDRESS	<b>8300 SE FAZIO DRIVE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Nancy P Odoardi</b>	
STREET ADDRESS	<b>8340 SE FAZIO DRIVE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Required* President **8.7.03 772 220-9717**

CR2E037 (4/03)