2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90003 024 ****61.25

DOCUMENT # N51426

1. Entity Name
HECKSCHER DRIVE COMMUNITY CLUB, INC.

DEPARTMENT OF STATE

J40000067

Principal Place of Business	Mailing Address
9364 HECKSCHER DR JACKSONVILLE, FL 32226	9364 HECKSCHER DR JACKSONVILLE, FL 32226

04022004 Chg-NP CR2E037 (10/03)

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 59-6004533 ☐ Applied For ☐ Not Applicable

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
SAMMONS, JESSIE W 9280 HECKSCHER DR JACKSONVILLE, FL 32226	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAMMONS, JESSIE W 9280 HECKSCHER DR JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOLLAND, THERESA 10127 FT GEORGE RD JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Cindy Byous 5501 Heckscher DR. Jacksonville, FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALTMAN, NANCY 9759 HECKSCHER DR JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STEWART, M'LISS 10020 HECKSCHER DR JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Beach, Fran 9478 Heckscher DR. Jacksonville, FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WYNN, WANDA 8872 HECKSCHER DR JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Cathie Burns 6990 Rivercrest Dr. Jacksonville, FL 32226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAAD RUSH, ROBERT 9212 HECKSCHER DR JACKSONVILLE, FL 32226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAAD Keith Smith 10156 Heckscher DR Jacksonville, FL 32226	☒ Change ☐ Addition

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: Jessie W. Sammons Jessie W. Sammons 4-5-04 904-251-3384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #