

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90145 015 ****61.25

DOCUMENT # N51426 1. Entity Name HECKSCHER DRIVE COMMUNITY CLUB, INC.					
Principal Place of Business 9364 HECKSCHER DR JACKSONVILLE, FL 32226				Mailing Address 9364 HECKSCHER DR JACKSONVILLE, FL 32226	
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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMMONS, JESSIE W		NAME	Bob Taylor	
STREET ADDRESS	9280 HECKSCHER DR		STREET ADDRESS	9441 Heckscher Dr	
CITY- ST- ZIP	JACKSONVILLE, FL 32226		CITY- ST- ZIP	JACKSONVILLE, FL 32226	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CINDY, BYOUS		NAME		
STREET ADDRESS	5501 HECKSCHER DR.		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32226		CITY- ST- ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODGERS, JIM		NAME		
STREET ADDRESS	10229 HECKSCHER DR		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32226		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEACH, FRAN		NAME		
STREET ADDRESS	9478 HECKSCHER DR.		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32226		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, CATHIE		NAME	Chris Pillsbury	
STREET ADDRESS	6990 RIVERCREST DR.		STREET ADDRESS	6530 Ramoth Rd.	
CITY- ST- ZIP	JACKSONVILLE, FL 32226		CITY- ST- ZIP	JACKSONVILLE, FL 32226	
TITLE	SAAD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, KEITH		NAME		
STREET ADDRESS	10156 HECKSCHER DR.		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32226		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I am empowered.					
SIGNATURE: Bob Taylor <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-3-06 9045832968 <small>Date Daytime Phone #</small>		