# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 27, 2009**
**Secretary of State**

DOCUMENT# N51426

**Entity Name:** HECKSCHER DRIVE COMMUNITY CLUB, INC.

**Current Principal Place of Business:**

9364 HECKSCHER DR
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

9364 HECKSCHER DR
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number: 59-6004533** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

STEWART, M'LISS D
10020 HECKSCHER DRIVE
JACKSONVILLE, FL 32226 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: | MOORE, JOSEPH | |
| Address: | 5731 HECKSCHER DR | |
| City-St-Zip: | JACKSONVILLE, FL 32226 | |
| Title: | VPD | ( ) Delete |
| Name: | SMITH, KEITH | |
| Address: | 2375 RIDGEWOOD ROAD | |
| City-St-Zip: | JACKSONVILLE, FL 32207 | |
| Title: | VPD | ( ) Delete |
| Name: | BEACH, FRAN | |
| Address: | 9478 HECKSCHER DR | |
| City-St-Zip: | JACKSONVILLE, FL 32226 | |
| Title: | TD | ( ) Delete |
| Name: | STEWART, M'LISS | |
| Address: | 10020 HECKSCHER DR. | |
| City-St-Zip: | JACKSONVILLE, FL 32226 | |
| Title: | SD | ( ) Delete |
| Name: | WYNN, WANDA | |
| Address: | 8872 HECKSCHER DRIVE | |
| City-St-Zip: | JACKSONVILLE, FL 32226 | |

**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: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | SD | (X) Change ( ) Addition |
| Name: | MOORE, PAMELA | |
| Address: | 5965 HECKSCHER DRIVE | |
| City-St-Zip: | JACKSONVILLE, FL 32226 | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: M'LISS DENSON STEWART TD 02/27/2009

Electronic Signature of Signing Officer or Director — Date