2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000071

Apr 29, 2005 Secretary of State

Entity Name: HERITAGE OAKS GOLF & COUNTRY CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 4800 CHASE OAKS DRIVE SARASOTA, FL 34241 **Current Mailing Address: New Mailing Address:** 4800 CHASE OAKS DRIVE SARASOTA, FL 34241 FEI Number: 65-0639147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GUNNING, MARLENE MRS. 4800 CHASE OAKS DRIVE SARASOTA, FL 34241 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MERTZ, CHARLES MILIUS, MICHAEL Name: Name: 4800 CHASE OAKS DRIVE Address: 4800 CHASE OAKS DRIVE Address: SARASOTA, FL 34241 City-St-Zip: City-St-Zip: SARASOTA, FL 34241 Title: VPD () Delete Title: (X) Change () Addition HUNT, WILLIAM Name: THOMAS, WALSH Name: Address: 4800 CHASE OAKS DRIVE Address: 4800 CHASE OAKS DRIVE City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 Title: () Delete Title: 2VP (X) Change () Addition GUNNING, MARLENE GALLETTE, RICHARD Name: Name: Address: 4800 CHASE OAKS DRIVE Address: 4800 CHASE OAKS DRIVE City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 Title: () Delete Title: (X) Change () Addition Name: BLOOM, JOSEOHINE Name: LAINO, RICHARD 4800 CHASE OAKS DRIVE 4800 CHASE OAKS DRIVE Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 Title: () Delete Title: () Change (X) Addition GUNNING, MARLENE Name: Name: 4800 CHASE OAKS DRIVE Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34241

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: MICHAEL MILIUS PD 04/29/2005