

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000000992 (5)
 1. Corporation Name
HEATHERMOOR GOLF III ASSOCIATION, INC.



Principal Place of Business C/O GULF COAST MANAGEMENT SERVICES 10080 AMBERWOOD RD STE 3 FT MYERS FL 33913 US	Mailing Address C/O GULF COAST MANAGEMENT SERVICES 10080 AMBERWOOD RD STE 3 FT MYERS FL 33913 US
---	---

3. Date Incorporated or Qualified 02/22/1996	Applied For Not Applicable
4. FEI Number 65-0653367	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**GELLES, ROBERT E
 C/O GULF COAST MANAGEMENT SERVICES
 10080 AMBERWOOD RD STE 3
 FT MYERS FL 33913**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, JOSEPH	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY STE 101	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY STE 101	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, ALAN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY STE 101	
CITY-ST-ZIP	FT MYERS FL 33912	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BY RAYMOND BERINGER
1.3 STREET ADDRESS	3046 ARBOR OAKS DR.
1.4 CITY-ST-ZIP	DUBUQUE, IA 52001-1514
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN BERRY
2.3 STREET ADDRESS	9300 HIGHLAND BLVD. # 3304
2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EDWARD YOUNG
3.3 STREET ADDRESS	17 THICKETWOOD PL
3.4 CITY-ST-ZIP	RR 3 BRECHIN ONTARIO, CANADA L0K 1B0
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JACK NORTH
4.3 STREET ADDRESS	9300 HIGHLAND WOODS BLVD # 3209
4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILLIAM HOLMBERG
5.3 STREET ADDRESS	3411 35th STREET
5.4 CITY-ST-ZIP	ROCK ISLAND, IL 61201
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond Beringer* (Raymond Beringer) 3-17-98 941-495-6869

CR2E037 (10/97)