2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N9600005062

BIG CYPRESS GOLF AND COUNTRY CLUB ESTATES



FILED Jan 11, 2008 8:00 am Secretary of State

01-11-2008 90058 034 ****61.25

HOMEOV	WINERS ASSOCIATION, III	IC.		7
Principal Plac P.O. BOX 10 NAPLES, FL	424	Mailing Address P.O. BOX 10424 NAPLES, FL 34101	US	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008 Chg-NP CR2E037 (12/06)
City & State		City & State		4. FEI Number Applied For 65-0252952 Not Applied be
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
MOLOKI	IOLIN B		Name	
WOLSKI, JOHN R 21 CYPRESS POINT DR NAPLES, FL 34105			Street Address	s (P.O. Box Number is Not Acceptable)
	· .		City	FL Zip Code
	named entity submits this statement to tions of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. Tam familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and trie if applicable. (NO	E: Registered Agent signature requi	ored when renstating) DATE
	Filing Fee is \$61.25 Due by May 1, 2008		mpaign Financing Contribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE '	D .	☐ Delete	TITLE	PAUL JACKSON Change CAddition
NAME Street Address	WOLSKI, JOHN R 21 CYPRESS POINT DR		NAME STREET ADDRESS	310 BURNING TREE DR.
CITY-ST-ZIP	NAPLES, FL 34105		CITY_ST_7IP	NADICE CI ZUINC
TITLE	D	Delete	TITLE	DICHAEL METCALE Change Maddition 299 MEL JEN DR.
NAME	FINIGAN, RICHARD T	C Delete	NAME A	NICHAEL METCALE
STREET ADDRESS	293 MELJEN DR		STREET ADDRESS	299 MEL JEN DR.
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	1, 10, 50 51 21/1-5
TITLE	15-			NAPLES PL 39(0)
NAME	D	☐ Delete	TITLE	NAPLES FL 34105
	HARTWIG, JERRY	☐ Delete	TITLE NAME	
STREET ADDRESS	HARTWIG, JERRY 256 BURNING TREE DR	☐ Delete	NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	HARTWIG, JERRY	☐ Delete	NAME	
CITY-ST-ZIP TITLE	HARTWIG, JERRY 256 BURNING TREE DR	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	
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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 like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF BIGGING OFFICER OR DIRECTOR

Jan. 8, 2008

213-3322