FILE NOW: FILING FEE IS $61.25

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90280 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000368 √ok

1. Corporation Name

HERITAGE OAKS GOLF VILLAS I, INC.

Principal Place of Business	Mailing Address
~~11060 AMBERWOOD ROAD~~ ~~UNIT 9~~ ~~FT. MYERS FL 33913~~	~~11060 AMBERWOOD ROAD~~ ~~UNIT 9~~ ~~FT. MYERS FL 33913~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 10060 Amberwood Rd.	26 10060 Amberwood Rd.	01/17/97
22 Suite, Apt. #, etc. 4	27 Suite, Apt. #, etc. 4	4. FEI Number 65-0728486 ☐ Applied For ☐ Not Applicable
23 City & State Ft. Myers FL	28 City & State Ft. Myers, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 33913 25 Country U.S.	29 Zip 33913 30 Country U.S.	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~SWALM & MURRELL, P.A.~~ ~~2375 TAMIAMI TRAIL N.~~ ~~SUITE 308~~ ~~NAPLES FL 34103~~	81 Name Bob Geelles 82 Street Address (P.O. Box Number is Not Acceptable) Gulf Coast Management Services 83 10060 Amberwood Rd #4 84 City Ft. Myers FL 85 Zip Code 33913

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 Robert E. Geelles Robert E. Geelles (NOTE: Registered Agent signature required when reinstating) DATE 4-16-99
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DV	☒ Change ☐ Addition
NAME	ALLEGRA, ROBERT T		1.2 NAME		
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY., SUITE 101		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	DANNA, CHARLES		2.2 NAME		
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY., SUITE 101		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	DST	☒ Change ☐ Addition
NAME	CHAMBERS, CONNOR		3.2 NAME		
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY., SUITE 101		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: Charles Danna, Jr. 4-13-99 (941) 561-1600
Date Daytime Phone #

CR2E037 (11/98)