N97000003368

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HERITAGE OAKS GOLF VILLAS ASSOCIATION, INC.
(Name of corporation)

DOCUMENT NUMBER: N00000000040 96

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARLENE CROSS
(Name of person)

ARGUS PROPERTY MANAGEMENT, INC
(Name of firm/company)

2477 STICKNEY POINT Rd., SUITE 118A
(Address)

SARASOTA FLORIDA 34231
(City/state and zip code)

For further information concerning this matter, please call:

DARLENE CROSS at (941) 927-6464
(Name of person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(09/03)

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 12, 2004

DARLENE CROSS
ARGUS PROPERTY MANAGEMENT, INC
2477 STICKNEY POINT ROAD, SUITE 118A
SARASOTA, FL 34231

SUBJECT: HERITAGE OAKS GOLF VILLAS ASSOCIATION, INC.
Ref. Number: N97000000368

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the electronic filing cover sheet.

Our records show the date of incorporation is January 17, 1997 and the document number is N97000000368. Please correct your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 004A00009752

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: HERITAGE OAKS GOLF VILLAS ASSOCIATION, INC.

2. The principal office address: C/O ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT Rd. SUITE 118A, SARASOTA, FL 34231

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 12/5/2002 Document number: N00000040916

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

PAM CURLEY, ARGUS PROPERTY MGMT.
2477 STICKNEY PT. Rd. #118A
SARASOTA FL 34231

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DARLENE CROSS
2477 STICKNEY POINT Rd. SUITE 118A
(P.O. Box or personal mailbox NOT acceptable)
SARASOTA, FL 34231

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Clayton Webb, President
(Signature of an officer or director)

Clayton Webb, President.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Darlene Cross
(Signature of Registered Agent)

2/12/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314