

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90294 021 \*\*\*\*61.25

**DOCUMENT # N97000000368**

1. Entity Name  
**HERITAGE OAKS GOLF VILLAS ASSOCIATION, INC.**



Principal Place of Business  
**ARGUS PROP MGMT INC  
2477 STICKNEY POINT RD 118A  
SARASOTA, FL 34231 US**

Mailing Address  
**2477 STICKNEY PT. RD., SUITE 118-A  
SARASOTA, FL 34231 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0728486**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROSS, DARLENE  
2477 STICKNEY PT. RD. #118A  
SARASOTA, FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME LAINO, RICH  
STREET ADDRESS 4468 SAMOSET DR  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **JERRY NEAL**  
STREET ADDRESS **4362 Samoset DR**  
CITY-ST-ZIP **Sarasota, FL 34241**

TITLE VPD ☐ Delete  
NAME WEBB, CLAYTON  
STREET ADDRESS 4462 SAMOSET DR  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JERRY BRUNS**  
STREET ADDRESS **4390 Chase Oaks DR**  
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE SD ☒ Delete  
NAME DELINO, DICK  
STREET ADDRESS 4497 SAMOSET DR  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME NEAL, JERRY  
STREET ADDRESS 4362 SAMOSET DR  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ TD ☐ Delete  
NAME WALKER, WAYNE  
STREET ADDRESS 4617 SAMOSET DR  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME CROSS, DARLENE  
STREET ADDRESS 2477 STICKNEY POINT RD 118A  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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:**

*Darlene Cross*

*Darlene Cross*

*4/18/06*

*941-927-6464*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #