NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90352 024 ****61.25

DOCUMENT # N97000000368

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

DO NOT WRITE IN THIS SPACE

11036827

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2477 STICKNEY PT	2477 STICKNEY PT. RD.
Suite, Apt. #, etc. 118A	Suite, Apt. #, etc. 118A
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34231 Country USA	Zip 34231 Country USA

4. FEI Number 65-0728486 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name ARGUS Property MGMT

Street Address (P.O. Box Number is Not Acceptable) 2477 STICKNEY PT. R.D. # 118A

City SARASOTA FL Zip Code 34231

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.

SIGNATURE Pamela Curley, PAMELA CURLEY Managing Agent 4/21/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEBB, CLAYTON
STREET ADDRESS	4462 SAMOSET DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	VD
NAME	NEAL, JERRY
STREET ADDRESS	4362 SAMOSET DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	SD
NAME	WHITE, FRANK
STREET ADDRESS	4614 SAMOSET DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	TD
NAME	DUFNER, ROBERT
STREET ADDRESS	4532 LEGACY COURT
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	SWETT, EDWIN
STREET ADDRESS	4414 CHASE OAKS DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
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CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Dufner CLAYTON WEBB 4/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #