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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N97000003578 ✓OK

1. Corporation Name

HERITAGE OAKS CLUB HOMES II, INC.

Principal Place of Business	Mailing Address
~~11060 AMBERWOOD ROAD~~ ~~UNIT 8~~ ~~FT. MYERS FL 33913~~	~~11060 AMBERWOOD ROAD~~ ~~UNIT 8~~ ~~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.	06/20/97
Suite, Apt. #, etc. 22 4	Suite, Apt. #, etc. 27 4	4. FEI Number 65-0786187 ☐ Applied For ☐ Not Applicable
City & State 23 Ft. Myers, FL	City & State 28 Ft. Myers, FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33913 25 U.S.	Zip / Country 29 33913 30 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 Gelles 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. Gelles — Robert E. Gelles — 4-16-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEGRA, ROBERT T 10491 SIX MILE CYPRESS PKWY., SUITE 101 FT. MYERS FL 33912	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DV	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANNA, CHARLES 10491 SIX MILE CYPRESS PKWY., SUITE 101 FT. MYERS FL 33912	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBERS, CONNOR 10491 SIX MILE CYPRESS PKWY., SUITE 101 FT. MYERS FL 33912	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	DST	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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

CR2E037 (11/98)