

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003578

FILED  
Mar 11, 2009  
Secretary of State

Entity Name: HERITAGE OAKS CLUB HOMES II, INC.

## Current Principal Place of Business:

ARLUS PROP. MGMT, INC  
2477 STICKNEY POINT RD 118 A  
SARASOTA, FL 34231

## New Principal Place of Business:

## Current Mailing Address:

ARLUS PROP. MGMT, INC  
2477 STICKNEY POINT RD 118 A  
SARASOTA, FL 34231

## New Mailing Address:

FEI Number: 65-0786187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROSS, DARLENE  
2477 STICKNEY POINT RD  
118 A  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ZAHLE, MARIAN  
Address: 5108 BLUE ASH  
City-St-Zip: SARASOTA, FL 34241

Title: VPD ( ) Delete  
Name: TROGDON, HARMON  
Address: 5132 BLUE ASH  
City-St-Zip: SARASOTA, FL 34241

Title: STD ( ) Delete  
Name: GRIMALDI, JOHN  
Address: 626 NORTH FRENCH ROAD, SUITE 5  
City-St-Zip: BUFFALO, NY 14228

Title: AS ( ) Delete  
Name: CROSS, DARLENE  
Address: 2477 STICKNEY PT. RD. #118-A  
City-St-Zip: SARASOTA, FL 34231

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: KOLSTAD, JOHN  
Address: 5060 BLUE ASH AVENUE  
City-St-Zip: SARASOTA, FL 34241

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE CROSS

AS

03/11/2009

Electronic Signature of Signing Officer or Director

Date