


FILE NOW: FILING FEE IS \$61.25

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90006 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003687

1. Corporation Name

HERITAGE OAKS GOLF VILLAS II, INC.

Principal Place of Business

Mailing Address

~~11000 AMBERWOOD ROAD~~
~~UNIT 8~~
~~FT. MYERS FL 33913~~

~~11000 AMBERWOOD ROAD~~
~~UNIT 8~~
~~FT. MYERS FL 33913~~



2. Principal Place of Business 21 <u>10060 Amberwood Rd.</u> Suite, Apt. #, etc. <u>4</u> City & State <u>Ft. Myers FL</u> Zip <u>33913</u> Country <u>U.S.</u>		2a. Mailing Address 26 <u>10060 Amberwood Rd.</u> Suite, Apt. #, etc. <u>4</u> City & State <u>Ft. Myers, FL</u> Zip <u>33913</u> Country <u>U.S.</u>		3. Date Incorporated or Qualified <u>06/26/97</u>	
4. FEI Number <u>65-0770052</u>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent

~~SWALM & MURRELL, P.A.~~
~~2375 TAMAMI TRAIL N.~~
~~SUITE 808~~
~~NAPLES FL 34103~~

81 Name	<u>Bob Geller</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>Gulf Coast Management Services</u>
83	<u>10060 Amberwood Rd #4</u>
84 City	<u>Ft. Myers FL</u>
85 Zip Code	<u>33913</u>

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. Geller DATE 4-16-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>ALLEGRA, ROBERT T</u>	1.2 NAME	<u>DV</u>
STREET ADDRESS	<u>10491 SIX MILE CYPRESS PKWY., SUITE 101</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>FT. MYERS FL 33912</u>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>DANNA, CHARLES</u>	2.2 NAME	<u>DP</u>
STREET ADDRESS	<u>10491 SIX MILE CYPRESS PKWY., SUITE 101</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>FT. MYERS FL 33912</u>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>CHAMBERS, CONNOR</u>	3.2 NAME	<u>DST</u>
STREET ADDRESS	<u>10491 SIX MILE CYPRESS PKWY., SUITE 101</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>FT. MYERS FL 33912</u>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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. DATE 4-13-99 (941) 561-1600

Date

Daytime Phone #

CR2E037 (11/98)