


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90555 023 ****61.25

DOCUMENT # N97000005635	
1. Entity Name HERITAGE GREENS SINGLE FAMILY HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSHOE DR S #215 NAPLES, FL 34109 US	Mailing Address C/O RESORT MANAGEMENT 2685 HORSHOE DR S #215 NAPLES, FL 34109 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14015328



04142005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0789419	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYERS, ROBERT 2312 HERITAGE GREENS DRIVE NAPLES, FL 34104		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005**

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	DT	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERS, ROBERT			NAME	Shipp, Margaret		
STREET ADDRESS	2312 HERITAGE GREENS DRIVE			STREET ADDRESS	2047 Morning Sun Lane		
CITY-ST-ZIP	NAPLES, FL 34104			CITY-ST-ZIP	Naples, FL 34119		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Incarnisa, Josephine	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUGRIN, TOM			NAME	2292 Heritage Greens Drive		
STREET ADDRESS	PO BOX 110156			STREET ADDRESS	Naples, FL 34119		
CITY-ST-ZIP	NAPLES, FL 34108			CITY-ST-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BISHOP, SANDRA			NAME	Michaelson, Henry		
STREET ADDRESS	1995 MORNING SUN LANE			STREET ADDRESS	2109 Morning Sun Lane		
CITY-ST-ZIP	NAPLES, FL 34119			CITY-ST-ZIP	Naples, FL 34119		
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LOWRENCE, DANIELS			NAME	Lowe, Elizabeth		
STREET ADDRESS	2356 HERITAGE GREENS DRIVE			STREET ADDRESS	1994 Morning Sun Lane		
CITY-ST-ZIP	NAPLES, FL 34119			CITY-ST-ZIP	Naples, FL 34119		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEFER, CORELLI			NAME			
STREET ADDRESS	2244 HERITAGE GREENS DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34119			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #