

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000631

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: HERITAGE OAKS CLUB HOMES III, INC.

## Current Principal Place of Business:

ARGUS PROP MGMT, INC  
2477 STICKNEY POINT RD 118A  
SARASOTA, FL 34231 US

## New Principal Place of Business:

## Current Mailing Address:

C/O ARGUS PROPERTY MANAGEMENT, INC.  
2477 STICKNEY POINT RD., STE. 118A  
SARASOTA, FL 34231 US

## New Mailing Address:

FEI Number: 65-0819969

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  
118A  
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: KINNISTEN, DAVID  
Address: 5144 MAHOGANY RUN AVE  
City-St-Zip: SARASOTA, FL 34241

Title: VP ( ) Delete  
Name: MULLIN, JAMES  
Address: 5198 MAHOGANY RUN DR.  
City-St-Zip: SARASOTA, FL 34241

Title: ST ( ) Delete  
Name: KERBER, SHAREN  
Address: 5270 MAHOGANY RUN DR  
City-St-Zip: SARASOTA, FL 34241

Title: AS ( ) Delete  
Name: CROSS, DARLENE  
Address: %ARGUS PROP MGT.-2477 STICKNEY POINT #118A  
City-St-Zip: SARASOTA, FL 34231

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KINNISTEN, DAVID  
Address: 5144 MAHOGANY RUN AVE  
City-St-Zip: SARASOTA, FL 34241

Title: VP (X) Change ( ) Addition  
Name: MULLIN, JAMES  
Address: 5198 MAHOGANY RUN AVE  
City-St-Zip: SARASOTA, FL 34241

Title: ST (X) Change ( ) Addition  
Name: KERBER, SHAREN  
Address: 5270 MAHOGANY RUN AVE  
City-St-Zip: SARASOTA, FL 34241

Title: AS (X) Change ( ) Addition  
Name: CROSS, DARLENE  
Address: ARGUS PROP MGT.-2477 STICKNEY POINT #118A  
City-St-Zip: SARASOTA, FL 34231

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

04/13/2009

Electronic Signature of Signing Officer or Director

Date