


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90057 006 \*\*\*\*61.25

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                                       |  |  |   | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N98000002897</b>  |  |   |   |   |  |
| 1. Corporation Name<br><b>HERITAGE OAKS GOLF VILLAS III, INC.</b>                     |  |   |   |   |  |
| Principal Place of Business<br><b>10060 AMBERWOOD #2</b><br><b>FT. MYERS FL 33913</b> |  |   | Mailing Address<br><b>10060 AMBERWOOD #8</b><br><b>FT. MYERS FL 33913</b> |   |  |



|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 05/18/1998  |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip                         |  | 28 Zip                 |  | Applied For   |  |
| 24 Country                     |  | 29 Country             |  | 5. Certificate of Status Desired  |  |
|                                |  |                        |  | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$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.<br>2375 TAMiami TRAIL NORTH SUITE 300<br>NAPLES FL 34109 |  |  |  | 81 Name <b>Bob Geller</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>c/o Gulf Coast Management Services</b><br>83 <b>10060 Amberwood Road #4</b><br>84 City <b>Fort Myers</b> FL 85 Zip Code <b>33913</b> |  |  |  |

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* *Robert E. Geller* **4-1-99**

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>DANNA, CHARLES</b>             | 1.2 NAME  |   |
| STREET ADDRESS             | <b>337 INTERSTATE BLVD.</b>       | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SARASOTA FL 34240</b>          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <b>DV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | <b>ALLEGRA, ROBERT T</b>          | 2.2 NAME  |   |
| STREET ADDRESS             | <b>337 INTERSTATE BLVD.</b>       | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SARASOTA FL 34240</b>          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | <b>DST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CHAMBERS, CONNOR</b>           | 3.2 NAME  |   |
| STREET ADDRESS             | <b>337 INTERSTATE BLVD.</b>       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SARASOTA FL 34240</b>          | 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* **REQUIRE** *Charles Danna* **4-1-99** **941-561-1600**

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

0060682

CR2E037 (11/98)