
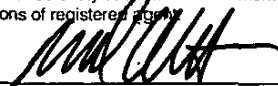
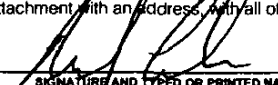


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90194 035 ****61.25

DOCUMENT # N98000003928					
1. Entity Name CLUB HOMES II AT HERITAGE GREENS ASSOCIATION, INC.					
Principal Place of Business MMI OF THE GULF COAST 28731 SOUTH CARGO CT BONITA SPRINGS, FL 34135			Mailing Address MMI 14275 SW 142 AVE MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # c/o Integrated Property Mgmt.		3. Mailing Address c/o Integrated Property Mgmt.			
Suite, Apt. #, etc. 3435 - 10th Street N., #201		Suite, Apt. #, etc. 3435 - 10th Street N., #201			
City & State Naples, FL		City & State Naples, FL			
Zip 34103	Country		Zip 34103	Country	
4. FEI Number 65-0881551			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF C/O JOSEPH ADAMS 13515 BELL TOWER DR FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Deboest, Richard Street Address (P.O. Box Number is Not Acceptable) 1415 Henry Street City Ft. Myers, FL FL 33901		
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 		RICHARD DEBOEST		3/27/07	
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, NIEL 1899 MORNING STAR SUNLANE NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DIMUCCIO, CAMILLE 1983 MORNINGSTAR SUINLANE NAPLES, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COGLANI, MARSHA 1939 MORNING SUN LANE NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Neil Cohen		3/30/2007	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					