

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90362 029 ****61.25

DOCUMENT # N98000003928 1. Entity Name CLUB HOMES II AT HERITAGE GREENS ASSOCIATION, INC.			
Principal Place of Business INTEGRATED PROPERTY MGMT 3435 10TH ST N 201 NAPLES, FL 34103		Mailing Address INTEGRATED PROPERTY MGMT 3435 10TH ST N 201 NAPLES, FL 34103	
2. Principal Place of Business - No P.O. Box # 910 Resort Management 2085 S. Horseshoe Dr #215 Suite, Apt. #, etc. Naples FL		3. Mailing Address Same Suite, Apt. #, etc. Naples FL	
City & State Naples FL		City & State Naples FL	
Zip 34104		Country Collier	
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 DEBOEST, RICHARD 1415 HENDRY ST FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name STUART BOWES Street Address (P.O. Box Number is Not Acceptable) 1907 Morning Sun Lane City Naples FL 34119	
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 STUART BOWES - Pres. 4/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 P <input checked="" type="checkbox"/> Delete NAME COHEN, NIEL STREET ADDRESS 1899 MORNING STAR SUNLANE CITY-ST-ZIP NAPLES, FL	TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STUART BOWES STREET ADDRESS 1907 Morning Sun Lane CITY-ST-ZIP Naples, FL 34119		
TITLE VPT <input checked="" type="checkbox"/> Delete NAME DIMUCCIO, CAMILLE STREET ADDRESS 1983 MORNINGSTAR SUINLANE CITY-ST-ZIP NAPLES, FL	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Diane Phillips STREET ADDRESS 1943 morning sun lane CITY-ST-ZIP Naples, FL 34119		
TITLE S <input checked="" type="checkbox"/> Delete NAME COGHLANI, MARSHA STREET ADDRESS 1939 MORNING SUN LANE CITY-ST-ZIP NAPLES, FL 34119	TITLE S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Sandra Velasquez STREET ADDRESS 1895 morning sun lane CITY-ST-ZIP Naples FL 34119		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: STUART BOWES 4/10/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			