

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# N98000003928

Entity Name: CLUB HOMES II AT HERITAGE GREENS ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 S. HORSESHOE DR #215
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 S. HORSESHOE DR #215
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0881551 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWES, STUART
1967 MORNING SUNLANE
NAPLES, FL 34119 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: P () Delete
Name: BOWES, STUART
Address: 1967 MORNING SUN LANE
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: PHILLIPS, DIANE
Address: 1943 MORNING SUN LANE
City-St-Zip: NAPLES, FL 34119

Title: ST () Delete
Name: VELASQUEZ, SANDRA
Address: 1895 MORNING SUN LANE
City-St-Zip: NAPLES, FL 34119

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: GEISER, CHRISTINE
Address: 1947 MORNING SUN LANE
City-St-Zip: NAPLES, FL 34119

Title: D () Change (X) Addition
Name: SACCOCCIA, PAT
Address: 1795 MORNING SUN LANE
City-St-Zip: NAPLES, FL 34119

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: STUART BOWES

P

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date