

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90050 014 ****61.25

DOCUMENT # N98000004351

1. Entity Name
CLUB HOMES III HERITAGE GREENS ASSOCIATION, INC.



Principal Place of Business
**C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE S #215
NAPLES, FL 34104**

Mailing Address
**C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE S #215
NAPLES, FL 34104**

40061313



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3529704

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STANTON, KEVIN
1632 MORNING SUN LANE
NAPLES, FL 34119**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STANTON, KEVIN	
STREET ADDRESS	1632 MORNING SUN LANE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACPHAIL, FRAN	
STREET ADDRESS	1636 MORNING SUN LANE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MEYERS, JANE	
STREET ADDRESS	1672 MORNING SUN LANE	
CITY-ST-ZIP	NAPLES, FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Francine MacPhail VP

4-11-07

Date

Daytime Phone #