2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 12, 2008 8:00 am Secretary of State DOCUMENT # N99000007046 1. Entity Name 05-12-2008 90031 024 ****61.25 HERITAGE OAKS CLUB HOMES VI, INC. Principal Place of Business Mailing Address ARBUS PROP MGMT, INC ARBUS PROP MGMT, INC 2477 STICKNEY POINT RD., #118A 2477 STICKNEY POINT RD., #118A SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0974900 Not Applicable Zip ~Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CROSS, DARLENE Street Address (P.O. Box Number is Not Acceptable) 2477 STICKNEY POINT RD. #118A SARASOTA FL 34231 City Zip Code 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 , typed or printed name of registered agent and tale if applicable (NOTE: Registered Agent signature required when reinstaning) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS V P ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Sheron Rode heaven TOTAL ☐ Delete TITLE Change Addition SWIDER, MIKE 5235 Clase Oaks Dr. HAME NAME 5217 CHASE OAKS DR STREET ADDRESS STREET ADDRESS Sarwola Fl. 3424 CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP Oelete TITLE TITLE Change Addition SPOONER, PETER NAME NAME 5199 CHASE OAKS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP AS TITLE ☐ Delete TITLE ☐ Change Addition X Palmer CROSS, DARLENE NAME NAME chese Oaks Dr. STREET ADDRESS 2477 STICKNEY DR., #118A STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP 3+241 TITLE Delete TITLE ☐ Change ☐ Addition POWERS, NORM NAME STREET ADDRESS 5175 CHASE OAKS DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP TITLE 🖊 Delete TITLE ☐ Change ☐ Addition MCGRAW, JOE NAME NAME 5187 CHASE OAKS DR STREET ADDRESS STREET ADDRESS SARASOTA FL 34241 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 19 or Block 11 if changed, or on an attachment with an address, with all other like empowered. AS. DARLEAUS CARSE

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SIGNATURE:

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information