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Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000035798 (4)**

1. Corporation Name
HERON BAY GOLF COURSE PROPERTIES, INC.

Principal Place of Business	Mailing Address
3300 UNIVERSITY DR. CORAL SPRINGS FL 33065	3300 UNIVERSITY DR. CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0583106 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~GORDON, K V~~
~~3300 UNIVERSITY DR.~~
~~CORAL SPRINGS FL 33065~~

10. Name and Address of New Registered Agent

81 Name: Maryann Nance
82 Street Address (P.O. Box Number is Not Acceptable): c/o Heron Bay Golf Course Properties, Inc.
83: 3300 University Drive 9th Fl
84 City: Coral Springs **FL** 85 Zip Code: 33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Maryann Nance 1/22/98
Signature, typed or printed name of new registered agent, and title if applicable — (NOTE: Registered agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	~~PASOLLI, SCOTT A.~~		12 NAME		
STREET ADDRESS	~~3300 UNIVERSITY DRIVE~~		13 STREET ADDRESS		
CITY-ST-ZIP	~~CORAL SPRINGS FL~~		14 CITY-ST-ZIP		
TITLE	VASD	☐ DELETE	21 TITLE	P/C/S	☒ Change ☐ Addition
NAME	STREIB, LARRY W		22 NAME		
STREET ADDRESS	3300 UNIVERSITY DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		24 CITY-ST-ZIP		
TITLE	TASD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	DISTEFANO, P L		32 NAME		
STREET ADDRESS	3300 UNIVERSITY DR.		33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE	V/AS/D	☐ Change ☒ Addition
NAME			42 NAME	DILLON, RONALD C.	
STREET ADDRESS			43 STREET ADDRESS	3300 University Drive	
CITY-ST-ZIP			44 CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald C Dillon Ronald C. Dillon 1/22/98 954-752-1100