

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000035798**1. Entity Name
HERON BAY GOLF COURSE PROPERTIES, INC.**FILED**
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90200 001 ***750.00

Principal Place of Business
**3300 UNIVERSITY DR.
CORAL SPRINGS FL 33065**
Mailing Address
**24301 WALDEN CENTER DR
SUITE 300
BONITA SPRINGS FL 34134****37240**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11575 Heron Bay Boulevard
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.City & State
Coral Springs, FL 33065

City & State

4. FEI Number **65-0583106**Applied For
Not ApplicableZip
33076Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HASTINGS, VIVIAN
24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS FL 34134**

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	DP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MOSCATO, ALBERT F	24301 WALDEN CENTER DRIVE	BONITA SPRINGS FL 34134						
	T			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ADLEMAN, STEVEN C	24301 WALDEN CENTER DRIVE	BONITA SPRINGS FL 34134						
	S			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HASTINGS, VIVIAN	24301 WALDEN CENTER DRIVE	BONITA SPRINGS FL 34134						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Vivian N. Hastings, Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

941-947-2600

Daytime Phone #

CR2E034 (10/00)