2007 FOR PROFIT CORPORATION

May 14, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P95000035798 05-14-2007 90069 016 ***150 00 HERÔN BAY GOLF COURSE PROPERTIES, INC. Principal Place of Business Mailing Address 40111000 24301 WALDEN CENTER DRIVE 24301 WALDEN CENTER DR SUITE 300 SUITE 300 BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0583106 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HASTINGS, VIVIEN N Street Address (P.O. Box Number is Not Acceptable) 24301 WALDEN CENTER DRIVE SUITE 300 **BONITA SPRINGS, FL 34134** Zip Code FL 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 DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change NAME MOSCATO, ALBERT F NAME STREET ADDRESS 24301 WALDEN CENTER DRIVE STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete ADELMAN, STEVEN C NAME NAME 24301 WALDEN CENTER DRIVE STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE HASTINGS, VIVIEN N NAME NAME 24301 WALDEN CENTER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP TITLE VAS ☐ Delete TITLE Change Addition CULLEN, JAMES D NAME NAME 24301 WALDEN CENTER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BONITA SPRINGS, FL 34134 ☐ Delete TITLE Change ☐ Addition TITLE NAME SCHEIDMANN, ERNEST J NAME STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DR CITY-ST-ZIP CITY-ST-7IP BONITA SPRINGS, FL 34134

12. I hereby certify that the information supplied with this filling 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 607, 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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition

☐ Change

FILED