

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90219 014 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

00000007

DOCUMENT # P95000035798 1. Entity Name HERON BAY GOLF COURSE PROPERTIES, INC.					
Principal Place of Business 11575 HERON BAY BLVD POMPANO BEACH, FL 33076		Mailing Address 24301 WALDEN CENTER DR SUITE 300 BONITA SPRINGS, FL 34134			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0583106 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HASTINGS, VIVIEN 24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent 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. 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's signature required when resigning.) DATE _____					
FILE NOW! FEES \$150.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOSCATO, ALBERT F 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V James D. Cullen 24301 Walden Center Drive Bonita Springs, FL 34134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADLEMAN, STEVEN C 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HASTINGS, VIVIEN 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.					
SIGNATURE: Vivien N. Hastings, Secretary			03/25/03 (239) 498-8605 Date Daytime Phone #		

CR2E034 (10/02)