

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 703463

1. Entity Name
HEINTZELMAN EMPLOYEE CLUB, INC.



Principal Place of Business
2424 N JOHN YOUNG PKWY.
ORLANDO, FL 32804

Mailing Address
2424 N JOHN YOUNG PKWY.
ORLANDO, FL 32804



02162006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6151228

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

HOOK, SHARON
2424 N JOHN YOUNG PKWY
ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

9. 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

John M. Wilson

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

John M. Wilson

(NOTE: Registered Agent signature required when reinstating)

2-16-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

1000000454338
03/15/06-80012-003 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOOK, SHARON
2424 N JOHN YOUNG PKWY
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, JOHN
2424 N JOHN YOUNG PKWY
ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BROWN, JOSEPH
2424 N JOHN YOUNG PKWY
ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEONARD, ROBERT
2424 N JOHN YOUNG PKWY
ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NIEDL, GARY
2424 JOHN YOUNG PKWY
ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LOGAN, MIKE
2424 N JOHN YOUNG PKWY
ORLANDO, FL 32804

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 617, 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.

SIGNATURE:

John M. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06

DATE

407-298-1000 878

Daytime Phone #