## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #**1. Corporation Name

760531

## HEATHER SOUND HOMEOWNERS' ASSOCIATION, INC.

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Principal Place of Business		Mailing Address			* ************************************	let deder mimtt mimtt didte Erfitt tebt.
5143 COMMERCIAL WAY SPRING HILL FL 34606		5143 COMMERCIAL WAY SPRING HILL FL 34606-1832				
					3. Date Incorporated or Qualified 3a. 10/21/1981	Date of Last Report 05/01/1996
Principal Place of Business     1		2a. Mailing Address 26		4. FEI Number 59-2598463	Applied For Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for intangi	
24	25		10		Florida Statutes X Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	ed Agent
KIERZYI	NSKI, MICHAEL J		81	Name		
5143 COMMERCIAL WAY			82	Street	Address (P.O. Box Number is Not Acceptable)	
SPHING	HILL FL 34606					
			84	City		85 Zip Code
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligate	and 617.1508, Florida Statutes f Florida. Such change was au ions of Section 617.0503, Flori	the above thorized by	named the corp	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE						
12.				Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD X DELETE		13.		AUDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	VENABLES, TREVOR J		1.2 NAME			Charide Chyontion
STREET ADDRESS	5143 COMMERCIAL WAY		1.3 STREET ADDRESS			
CITY - ST - ZIP	SPRING HILL FL 34606		1.4 CITY-ST-ZIP			
TITLE	VD DELETE		2.1 TITLE			Change Addition
NAME	GOODNOUGH, REGINA		2.2 NAME			······
STREET ADDRESS	5143 COMMERCIAL WAY		2.3 STREET ADDRESS			
CITY - S1 - ZIP	SPRING HILL FL 34606		2.4 CITY-5	ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		P/D	Change Addition
NAME	CARSILLO, LARRY		3.2 NAME		CARSILLO, LARRY	
STREET ADDRESS	5143 COMMERCIAL WAY	3.3 \$		ADDRESS	5143 COMMERCIAL WAY	
CITY-\$1-ZIP	SPRING HILL FL 34606	···············		IT-ZIP	SPRING HILL, FL 34606	
TITLE	STD	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	ROMAGNOLO, RAYMOND		4. 2 NAME			
STREET ADDRESS	WEEK WACUES EL GAGAG		4.3 STREET			
CITY-\$1-ZIP TITLE	HECKI WAUTEE PL 34013	☐ DELETE	4.4 CITY-S 5.1 TITLE	r-ZIP	ID/D	Change Addition
NAME			5.1 TITLE 5.2 NAME		VP/D	Englise FF Vocition
STREET ADORESS			5.3 STREET	ADDRESS	DAVIS, VESPER B.	
CITY - ST - ZIP			54 CITY-S		5143 COMMERCIAL WAY SPRING HILL, FL 34606	
TITLE		☐ DELETE	6.1 TITLE		MAATIN IIIIII FII 34000	Change Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: X

NAME

STREET ADDRESS

CITY-ST-ZIP

SHOWARD REQUIRATION ROMAGNOLO

**FILED** 

Mar 03 1997 8:00am

Secretary of State