


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760531 (4)
1. Corporation Name
HEATHER SOUND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 5143 COMMERCIAL WAY SPRING HILL FL 34606	Mailing Address 5143 COMMERCIAL WAY SPRING HILL FL 34606
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3. Date Incorporated or Qualified 10/21/1981	
4. FEI Number 59-2598463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

b. Name and Address of Current Registered Agent

**KIERZYNSKI, MICHAEL J
5143 COMMERCIAL WAY
SPRING HILL FL 34606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code


11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, VESPER B	
STREET ADDRESS	5143 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOODNOUGH, REGINA	
STREET ADDRESS	5143 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARSILLO, LARRY	
STREET ADDRESS	5143 COMMERCIAL WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROMAGNOLO, RAYMOND	
STREET ADDRESS	9111 LINGROVE ROAD	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CALLAHAN, JOHN J.	
1.3 STREET ADDRESS	5143 COMMERCIAL WAY	
1.4 CITY-ST-ZIP	SPRING HILL, FL	
2.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DE MASCO, PAT	
2.3 STREET ADDRESS	5143 COMMERCIAL WAY	
2.4 CITY-ST-ZIP	SPRING HILL, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVIS, BETTY	
5.3 STREET ADDRESS	5143 COMMERCIAL WAY	
5.4 CITY-ST-ZIP	SPRING HILL, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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.

SIGNATURE:  **JOHN J. CALLAHAN** x 4/30/98 352-596-3441

CP2E037 (10/97)