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**Mar 02, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 760531**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/21/1981

4. FEI Number

59-2598463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

9. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE  
NAME CALLAHN, J J  
STREET ADDRESS 5143 COMMERCIAL WAY  
CITY-ST-ZIP SPRING HILL FL

TITLE DVP ☒ DELETE  
NAME DE MASCO, P  
STREET ADDRESS 5143 COMMERCIAL WAY  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE PD ☒ DELETE  
NAME CARSILLO, LARRY  
STREET ADDRESS 5143 COMMERCIAL WAY  
CITY-ST-ZIP SPRING HILL FL

TITLE STD ☒ DELETE  
NAME ROMAGNOLO, RAYMOND  
STREET ADDRESS 9111 LINGROVE ROAD  
CITY-ST-ZIP WEEKI WACHEE FL 34613

TITLE DVP ☒ DELETE  
NAME DAVIS, B  
STREET ADDRESS 5143 COMMERCIAL WAY  
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D/2ND VP  
2.3 STREET ADDRESS ARMBRECHT, ROBERT  
2.4 CITY-ST-ZIP 5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME D/P  
3.3 STREET ADDRESS DAVIS, V. BETTY  
3.4 CITY-ST-ZIP 5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D/S  
4.3 STREET ADDRESS BUSCHINI, RICK  
4.4 CITY-ST-ZIP 5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D/T  
5.3 STREET ADDRESS BUSCHINI, JANET  
5.4 CITY-ST-ZIP 5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME D  
6.3 STREET ADDRESS CARSILLO, LARRY  
6.4 CITY-ST-ZIP 5143 COMMERCIAL WAY  
SPRING HILL, FL 34606

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99 352-5964642  
Date Daytime Phone #

CR2E037 (1/98)