2002 UNIFORM BUSINESS REPORT (UBR)

05-05-2002 90070 047 ****61.25
N01000004562

FILED
02 MAY -8 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004562

1. Entity Name

HEATHER GLEN HOA, INC.

Principal Place of Business	Mailing Address
1175 SPRING CENTER SOUTH BLVD STE 200 ALTAMONTE SPRINGS FL 32714	1175 SPRING CENTER SOUTH BLVD STE 200 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2180 W. SR 434	2180 W. SR 434
Suite, Apt. #, etc. STE 5000	Suite, Apt. #, etc. STE 5000
City & State LONGWOOD, FL	City & State LONGWOOD, FL
Zip / Country 32779-5044 / US	Zip / Country 32779-5044 / US

4. FEI Number 80-0020396 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAISE, DOUGLAS
1175 SPRING CENTER SOUTH BLVD STE 200
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

JAMES W. HART JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD FL 32779

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.

SIGNATURE _____ DATE 2/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MAISE, DOUGLAS 1175 SPRING CENTER SOUTH BLVD STE 200 ALTAMONTE SPRINGS FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERLMAN, JEFFREY STE 75 605 ROBINSON ST E STE 750 ORLANDO, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MAISE, CHARLES 1175 SPRING CENTER SOUTH BLVD STE 200 ALTAMONTE SPRINGS FL 32714	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DOWLING, LARRY 605 ROBINSON ST E STE 750 ORLANDO, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLSON, LARRY 605 E ROBINSON ST STE 750 ORLANDO FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PETERSON, DON 605 ROBINSON ST E STE 750 ORLANDO, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 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: _____ Jeff Perlman 3/21/02 (407) 872-1203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #