

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90109 006 ****61.25

DOCUMENT # N01000004562



1. Entity Name
HEATHER GLEN HOA, INC.

Principal Place of Business
% 135 W. PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714

Mailing Address
% 135 W. PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714

14016546



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

80-0020396

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESIDENTIAL GROUP SOUTH, INC.
135 W PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FESUGRSTEIN, RICHARD
STREET ADDRESS 538 HEATHROAK COVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE STD ☒ Delete
NAME BIRI, ABEL
STREET ADDRESS 546 HEATHROCK CR
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VD ☒ Delete
NAME CROSS, KEN
STREET ADDRESS 526 HEATHROCK CT
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☐ Addition
NAME Alex Armstrong
STREET ADDRESS 505 HEATHROCK COVE
CITY-ST-ZIP ALTAMONTE SP, FL 32714

TITLE VPD ☒ Addition
NAME Tim Smith
STREET ADDRESS 501 HEATHROCK COVE
CITY-ST-ZIP ALTAMONTE SP, FL 32714

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Rick Ferguson Pres 4-29-05 407 522 9046