

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90184 038 ****61.25

DOCUMENT # N02000001118 1. Entity Name CLUBHOUSE HERITAGE PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 3361 W. VINE STREET SUITE 208 KISSIMMEE, FL 34741			Mailing Address 3361 W. VINE STREET SUITE 208 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box # 102 Park Place Blvd		3. Mailing Address 102 Park Place Blvd			
Suite, Apt. #, etc. Suite D-2		Suite, Apt. #, etc. Suite D-2		02152008 Chg-NP CR2E037 (12/06)	
City & State Kissimmee, FL		City & State Kissimmee, FL		4. FEI Number 01-0605770	
Zip 34741		Country Osceola		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W. VINE STREET SUITE 208 KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name C/O Dollie Boyd Street Address (P.O. Box Number is Not Acceptable) 102 Park Place Blvd City Kissimmee FL Zip Code 34741	
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 <u><i>Dollie Boyd, agent</i></u> DATE <u><i>2/15/08</i></u> Signature, typed or printed name of registered agent and trust applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYTCH, WILLIAM 5225 MIRIAM DR LAKELAND, FL 33813 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAVITT, MISSY 5302 ENGLISH DRIVE LAKELAND, FL 33813 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOMMER, DOUGLAS 5252 ENGLISH DR LAKELAND, FL 33813 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Whatley, Donnie 5269 English Drive Lakeland, FL 33813 ☐ 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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>William Lych</i></u> <u><i>2/20/08</i></u> <u><i>813-974-3503</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					