2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11725

FILED Feb 12, 2009 Secretary of State

Entity Name: HEATHER RIDGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:

4213 COUNTRY RD, 218 SUITE 1

MIDDLEBURG, FL 32068 US

Current Mailing Address: New Mailing Address:

P OBOX 949 4213 COUNTRY RD, 218

MIDDLEBURG, FL 32050 US SUITE 1 MIDDLEBURG, FL 32068 US

FEI Number: 59-2501759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELCOMYN, VINA C

AWAKENINGS ASSOCIATION MANAGEMENT, INC
4213 COUNTY ROAD 218

4213 COUNTY ROAD 218

SUITE 1 SUITE 1 SUITE 1 MIDDLEBURG, FL 32068 US MIDDLEBURG, FL 32068 US

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: VINA DELCOMYN 02/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 PRIBBLE, SCOTT
 Name:

 Address:
 7012 PRESTWICK CIRCLE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 KELLY, LAURA
 Name:

 Address:
 7112 PRESTWICK CIRCLE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32244
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

Name: STOKES, JENNIFER Name: BERNHARD, JENNIFER

Address: 7031 NORTH PRESTWICK CIRCLE
City-St-Zip: JACKSONVILLE, FL 32244

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City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT PRIBBLE PRES 02/12/2009