FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB -1 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23592 (1)

1. Corporation Name
HEATHERWOOD SOCIAL CLUB, INC.

Principal Place of Business	Mailing Address
C/O JUDITH A. ASSINK 1925 HARDEN BLVD., #253 LAKELAND FL 33803-1850 US	C/O JUDITH A. ASSINK 1925 HARDEN BLVD., #253 LAKELAND FL 33803-1850 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1987
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2988630 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ASSINK, JUDITH A 1925 HARDEN BLVD. #253 LAKELAND FL 33803	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ELLEDGE, LOYD	1.2 NAME		
STREET ADDRESS	1925 HARDEN BLVD, #294	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	INGRAM, ROBERT	2.2 NAME	Paul Stracqualursi	
STREET ADDRESS	1925 HARDEN BLVD, #307	2.3 STREET ADDRESS	1925 Harden Blvd #48	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland Fl	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	HANSBURY SALLY	3.2 NAME		
STREET ADDRESS	1925 HARDEN BLVD, #238	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ASSINK, JUDITH	4.2 NAME	Betty White	
STREET ADDRESS	1925 HARDEN BLVD., #253	4.3 STREET ADDRESS	1925 Harden Blvd #199	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland Fl	
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	WHEELER, EDSON	5.2 NAME	DELETE	
STREET ADDRESS	1925 HARDEN BLVD, #301	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☒ Addition
NAME	MANIX, JOE	6.2 NAME	D Pat Luhring	
STREET ADDRESS	1925 HARDEN BLVD, #168	6.3 STREET ADDRESS	1925 Harden Blvd #237	
CITY-ST-ZIP	LAKELAND FL	6.4 CITY-ST-ZIP	Lakeland FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Judith A. Assink 1-24-95 813-533-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Judith A. Assink

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