NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2005 8:00 am
Secretary of State
05-23-2005 90002 042 ****61.25

DOCUMENT # N23592

1. Entity Name
Heatherwood Social Club Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1925 Halden Bl. Lot 254	1925 Halden Bl.
Suite, Apt. #, etc. Lot 254	Suite, Apt. #, etc. Lot 254
City & State Lakeland, Fl.	City & State Lakeland, Fl.
Zip 33803 Country Polk	Zip 33803 Country Polk

4. FEI Number 59-2988630 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sandra Elledge

Street Address (P.O. Box Number is Not Acceptable): 1925 Halden Bl. Lot 254

City: Lakeland, **FL** Zip Code: 33803

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: Sandra T. Elledge — Sandra J. Elledge — 5/16/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	President	TITLE	
NAME	Rose Mary Rozich	NAME	
STREET ADDRESS	1925 Halden Bl. Lot 111	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, Fl. 33803	CITY-ST-ZIP	
TITLE	Vice-President	TITLE	
NAME	Florence Wsol	NAME	
STREET ADDRESS	1925 Halden Bl. Lot 257	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, Fl. 33803	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	James Cooper	NAME	
STREET ADDRESS	1925 Halden Bl. Lot 99	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Lakeland, Fl. 33803	CITY-ST-ZIP	
TITLE	Treasurer.	TITLE	**IN THIS SPACE**
NAME	Sandra T. Elledge	NAME	
STREET ADDRESS	1925 Halden Bl. Lot 254	STREET ADDRESS	
CITY-ST-ZIP	Lakeland, Fl. 33803	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra T. Elledge 5/16/2005 863-688-7170