


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # N92000000640 1. Entity Name HEATHER GLEN PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 6615 63RD STREET E PALMETTO, FL 34221 US	Mailing Address P.O. BOX 298 ELLENTON, FL 34222 US
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02222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0390089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, STEPHEN W
1205 MANATEE AVE /
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000654213
03/13/07-80053-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMEL, EDWARD 6218 68TH DR E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELDON, PERLIN 6218 68TH DR E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEVILLE, LLOYD 6022 68TH DR E. PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, WILLIAM 6210 68TH DR E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STECK, MONA 6612 63RD STREET E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Mona Steck *sec/treas* MONA STECK 2-27-07 941-921-9772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #