


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000001255 1. Entity Name HEATHER GLEN HOMEOWNERS INC.	
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Principal Place of Business 1441 HENDREN DRIVE DELAND, FL 32724	Mailing Address 1441 HENDREN DRIVE DELAND, FL 32724
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02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3303569	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HANNAH, WILLIAM E 1441 HENDREN DRIVE DELAND, FL 32724
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000022055
02/19/08-80051-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DINSMORE, MICHAEL 1459 HEATHER GLEN DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS HAYES, CAROL L 1430 HEATHER GLEN DR DELAND, FL 327242572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANNAH, WILLIAM E 1441 HENDREN DR DELAND, FL 327242566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Carol Lynn Hayes Carol Lynn Hayes* 2/9/08 (386)734-2514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #