

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90466 035 ****61.25

DOCUMENT # N99000006462

1. Entity Name
HEATHER GLEN AT MEADOW WOODS HOMEOWNERS' ASSOCIA

Principal Place of Business Mailing Address
 120 FAIRWAY WOODS BLVD 120 FAIRWAY WOODS BLVD
 ORLANDO FL 32824 ORLANDO FL 32824

2. Principal Place of Business 3. Mailing Address
1633 E. Vine Street **1633 E. Vine Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 110 **SUITE 110**

City & State City & State
Kissimmee, FL **Kissimmee, FL**

Zip Country Zip Country
34744 **USA** **34744** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR Applied For
59-361628 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEISENFELD, JOSEPH J
550 BILTMORE WAY, SUITE 1120
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **REBECCA FURLOW**
 Street Address (P.O. Box Number is Not Acceptable)
1633 E. Vine Street, SUITE 110
 City **Kissimmee** FL Zip Code **34744**

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.
 SIGNATURE *Rebecca Furlow* DATE *2/28/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'HARA, CHARLES D 120 FAIRWAY WOODS BLVD ORLANDO FL 32824 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAWKS, CANDACE 120 FAIRWAY WOODS BLVD ORLANDO FL 32824 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERSKINE, CINDY L 120 FAIRWAY WOODS BLVD ORLANDO FL 32824 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hawks, Candice H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Erskine, Cynthia L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca Furlow* DATE: *3/2/01* DAYTIME PHONE # *407 240 0044*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)