

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90012 049 \*\*\*\*61.25

**DOCUMENT # N99000006462**

1. Entity Name

HEATHER GLEN AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5401 S KIRKMAN RD  
STE 475  
ORLANDO FL 32819  
US

PROPERTY FIRST, INC.  
P.O. BOX 4656  
WINTER PARK FL 32793

54021897



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Property First, Inc.

Suite, Apt. #, etc.

P.O. Box 4656

Suite, Apt. #, etc.

City & State

City & State

Winter Park, FL

Zip

Country

Zip

Country

32793

Orange

4. FEI Number

59-3616768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, BETH  
PROPERTY FIRST, INC.  
1840 CYPRESS RIDGE DRIVE  
ORLANDO FL 32825

Name

Beth Palmer - Property First, Inc.

Street Address (P.O. Box Number is Not Acceptable)

13627 Dornoch Drive

City

ORLANDO

FL

Zip Code

32828

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME VELEZ, VICTOR ☒ Delete  
STREET ADDRESS 1113 CAREY GLEN CIR  
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME PEDROZA, MARTHA ☐ Delete  
STREET ADDRESS 1582 CAREY GLEN CIR  
CITY-ST-ZIP ORLANDO FL 32824

TITLE PD ☐ Change ☐ Addition  
NAME Pedroza, Martha  
STREET ADDRESS 1582 Carey Glen Cir  
CITY-ST-ZIP ORLANDO, FL 32824

TITLE STD  
NAME RIAS, MARILYN ☒ Delete  
STREET ADDRESS 1452 CAREY GLEN CIRCLE  
CITY-ST-ZIP ORLANDO FL 32824

TITLE VPD ☐ Change ☐ Addition  
NAME Sam Feitz DelValle  
STREET ADDRESS 1543 Carey Glen Circle  
CITY-ST-ZIP Orlando, FL 32824

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☐ Addition  
NAME MARTA JARAMILLO  
STREET ADDRESS 1243 Carey Glen Circle  
CITY-ST-ZIP ORLANDO, FL 32824

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-11-04

Date

321-663-2110

Daytime Phone #