

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90214 012 ****61.25

DOCUMENT # N95000001255

1. Entity Name

HEATHER GLEN HOMEOWNERS INC.



Principal Place of Business

1375 HENDREN DRIVE
DELAND FL 32724-2566

Mailing Address

1375 HENDREN DRIVE
DELAND FL 32724-2566

2. Principal Place of Business

1398 Hendren Drive

Suite, Apt. #, etc.

3. Mailing Address

1398 Hendren Drive

Suite, Apt. #, etc.

City & State

Deland, FL

City & State

Deland, FL

Zip

32724-2566

Country

USA

Zip

32724-2566

Country

USA

4. FEI Number

59-3303569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORDEN, STEVEN W
1375 HENDREN DRIVE
DELAND FL 32724-2566

7. Name and Address of New Registered Agent

Name

V. Bryce Fuday

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

1398 Hendren Drive

City

Deland,

FL

Zip Code

32724-2566

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

V. Bryce Fuday

V. Bryce Fuday

February 15, 2005

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, 2005

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WORDEN, STEVEN W	
STREET ADDRESS	1375 HENDREN DRIVE	
CITY-ST-ZIP	DELAND FL 32724-2566	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ECKENWILER, RITA	
STREET ADDRESS	1370 HEATHER GLEN DRIVE	
CITY-ST-ZIP	DELAND FL 32724-2572	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HINK, WALLY	
STREET ADDRESS	1421 HENDREN DRIVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	S	<input type="checkbox"/> Delete
NAME	SKOFRONICK, GARY	
STREET ADDRESS	1320 HENSLEY DR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. Bryce Fuday	
STREET ADDRESS	1398 Hendren Drive	
CITY-ST-ZIP	Deland, FL 32724-2566	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Lynn Hayes	
STREET ADDRESS	1430 Heather Glen Drive	
CITY-ST-ZIP	Deland, FL 32724-2566	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William E. Hannah	
STREET ADDRESS	1441 Hendren Drive	
CITY-ST-ZIP	Deland, FL 32724-2566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

V. Bryce Fuday

V. Bryce Fuday

February 15, 2005 (386) 738-510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #