



# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N99000006462</b> 1. Entity Name <b>HEATHER GLEN AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.</b>						<b>FILED</b> <b>05 DEC 15 PM 11:23</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>PROPERTY FIRST, INC.</b> <b>PO BOX 4656</b> <b>WINTER PARK, FL 32793 US</b>				Mailing Address <b>PROPERTY FIRST, INC.</b> <b>P.O. BOX 4656</b> <b>WINTER PARK, FL 32793</b>			
2. Principal Place of Business <b>PREMIER PROPERTY MGT. CFL</b> Suite, Apt. #, etc. <b>206 ELM AVE</b>		3. Mailing Address <b>PREMIER PROPERTY MGT. CFL</b> Suite, Apt. #, etc. <b>P.O. BOX 1596</b>		4. FEI Number <b>59-3616768</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>SANFORD FL</b>		City & State <b>SANFORD, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		11282005 Chg-NP CR2E037 (10/03)	
Zip <b>32771</b>		Country <b>U.S.A.</b>		Zip <b>32772-1596</b>		Country <b>U.S.A.</b>	
6. Name and Address of Current Registered Agent <b>PALMER, BETH</b> <b>PROPERTY FIRST, INC.</b> <b>13627 DORNOCH DRIVE</b> <b>ORLANDO, FL 32828</b>				7. Name and Address of New Registered Agent Name <b>GINA N. HOLBROOK</b> Street Address (P.O. Box Number is Not Acceptable) <b>PREMIER PROPERTY MGT. CFL, INC</b> <b>206 ELM AVE</b> City <b>SANFORD</b> FL Zip Code <b>32771</b>			
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 <u><i>Gina N. Holbrook</i></u> DATE <u>11/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '0</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, RAMON 1357 CAREY GLEN CIR ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Velez, Victor 206 Elm Ave SANFORD, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIVERA, ARMANO 1429 CAREY GLEN CIRCLE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVA Aviles, Edwix 206 Elm Ave SANFORD, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD APONTE, HORACIA 1416 CAREY GLEN CIRCLE ORLANDO, FL 32824	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SID SANTIAGO, SARA 206 Elm Ave SANFORD, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID Soto, Richard 206 Elm Ave SANFORD, FL 32771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	000062511440 12/30/05--01052--013 **61.25				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: <u><i>Victor Velez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>11/29/05</u>		TELEPHONE: <u>407-322-4922</u>	