


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90199 028 \*\*\*\*61.25

<b>DOCUMENT # N99000006462</b> 1. Entity Name <b>HEATHER GLEN AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>PREMIER PROPERTY MGMT CFL 206 ELM AVE SANDFORD, FL 32771 US</b>			Mailing Address <b>PREMIER PROPERTY MGMT CFL P.P. BOX 1596 SANFORD, FL 32772-1596</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1596</b>  Suite, Apt. #, etc.			
City & State 		City & State <b>SANFORD FL</b>		4. FEI Number <b>59-3616768</b>	
Zip 		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HALBROOK, GINA N PREMIER PROPERTY MGT. CFL 206 ELM AVE SANFORD, FL 32771</b>			7. Name and Address of New Registered Agent Name <b>HALBROOK, GINA</b> Street Address (P.O. Box Numbers Not Acceptable) <b>PREMIER PROP MGMT CFL INC</b> <b>206 S. ELM AVE</b> City <b>SANFORD</b> <b>FL</b> 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. Halbrook</i></u> <span style="float: right;"><u><i>GINA N. HALBROOK</i></u> <b>4/11/06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELEZ, VICTOR 206 ELM AVE SANDFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AVILES, EDWIX 206 ELM AVE SANDFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTIAGO, SARA 206 ELM AVE SANDFORD, FL 32771	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOTO, RICHARD 206 ELM AVE SANDFORD, FL 32771	<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			
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.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/11/06</b>		Daytime Phone # <b>407-322-4922</b>