

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90057 023 ****61.25

DOCUMENT # N03000010493 1. Entity Name HEATHERWOOD LAKES PROPERTY ASSOCIATION, INC.			
Principal Place of Business 27499 RIVERVIEW CENTER BLVD. STE 134 BONITA SPRINGS, FL 34134		Mailing Address 27499 RIVERVIEW CENTER BLVD. STE 134 BONITA SPRINGS, FL 34134	
2. Principal Place of Business Suite, Apt. #, etc. Alliant Property Management, LLC 6719 Winkler Road Suite 200 Fort Myers, FL 33919		Mailing Address 6719 Winkler Road Suite 200 Fort Myers, FL 33919	
City & State Fort Myers, FL 33919		Country USA	
Zip 33919		4. FEI Number 20-3816357	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOEHR, TIM T OMNI MGMT. SVCS. OF FLORIDA, INC 27499 RIVERVIEW CENTER BLVD. STE 134 BONITA SPRINGS, FL 34134			
7. Name and Address of New Registered Agent Alliant Property Management, LLC 6719 Winkler Road Suite 200 Fort Myers, FL 33919			
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, and accepts the obligations of registered agent. SIGNATURE: <u><i>Michelle Strohm, Agent</i></u> DATE: <u>4-30-07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, KEVIN 13100 WESTLINKS TERRACE FT. MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Shawn Haag 2237 Cape Heather Cir. Cape Coral, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASH, NORM 13100 WESTLINKS TERRACE FT. MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jay Attwood 2039 Willow Branch Dr Cape Coral, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAMS, STEVE 13100 WESTLINKS TERRACE FT. MYERS, FL 33913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Dean DuBois 2105 Cape Heather Cir Cape Coral, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O Robert Wagner 2041 Cape Heather Cir Cape Coral, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CU Eaton 2221 Cape Heather Circle Cape Coral, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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.			
SIGNATURE: <u><i>Michelle Strohm, Manager</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4-30-07</u> Daytime Phone #: <u>239-454-1101</u>	