2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State
04-09-2008 90041 021 ****61.25

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1. Entity Name
HEATHERWOOD LAKES PROPERTY ASSOCIATION, INC.

40063480

Principal Place of Business	Mailing Address
ALLIANT PROPERTY MGNT 6719 WINKLER RD ST. 200 FORT MYERS, FL 33919	ALLIANT PROPERTY MGNT 6719 WINKLER RD ST. 200 FORT MYERS, FL 33919

02062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3816357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~LOEHR, TIM T~~
ALLIANT PROPERTY MGMT, LLC
6719 WINKLER RD. STE200
FORT MYERS, FL 33919

Name
Street Alliant Property Management, LLC
6719 Winkler Road, Suite 200
Fort Myers, FL 33919
City ip Code

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 Millie Stuckey Agent 4-1-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAAG, SHAWN 2237 CAPE HEATHER CIR. CAPE CORAL, FL 33991	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Shaun Haag	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ATTWOOD, JAY 2039 WILLOW BRANCH DR. CAPE CORAL, FL 33991	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CV Eaton 2221 Cape Heather Circle Cape Coral, FL 33991	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DUBOIS, DEAN 2105 CAPE HEATHER CIR. CAPE CORAL, FL 33991	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Scott Upton 2051 Willow Branch Dr Cape Coral, FL 33991	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WAGNER, ROBERT 2041 CAPE HEATHER CIR. CAPE CORAL, FL 33991	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Timothy KurKimilis 2225 Cape Heather Circle Cape Coral, FL 33991	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EATON, CU 2221 CAPE HEATHER CIR. CAPE CORAL, FL 33991	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jerry Murphy 2084 Cape Heather Circle Cape Coral, FL 33991	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Shaun Haag PRES 4-1-08 239-454-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #