2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000926

FILED Apr 30, 2009 Secretary of State

Entity Name: HEATHROW COUNTRY ESTATE HOMES COMMUNITY ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 21600 COVERED BRIDGE LANE 1275 LAKE HEATHROW LANE SORRENTO, FL 32776 HEATHROW, FL 32746 **Current Mailing Address: New Mailing Address:** 21600 COVERED BRIDGE LANE 1275 LAKE HEATHROW LANE SORRENTO, FL 32776 HEATHROW, FL 32746 FEI Number: 20-1132299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROECKER, PAUL APOSTOLICAS, GEORGE P 1275 LAKE HEÁTHROW LANE 1275 LAKE HEATHROW LANE HEATHROW, FL 32746 HEATHROW, FL 32746 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. SIGNATURE: GEORGE P APOSTOLICAS 04/30/2009 Electronic Signature of Registered Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:** () Delete () Change () Addition ROECKER, PAUL Name: Name: 1275 LAKE HEATHROW LN Address: Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: Title: () Delete Title: STD (X) Change () Addition MURNOY, CHRISTINE Name: O'BRIEN, THOMAS Name: Address: 1275 LAKE HEATHROW LN Address: 1275 LAKE HEATHROW LN City-St-Zip: HEATHROW, FL 32746 City-St-Zip: HEATHROW, FL 32746 Title: VPD () Delete Title: () Change () Addition MILLSAP, BRAD Name: Name: 1275 LAKE HEATHROW LN Address: Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE P APOSTOLICAS RA 04/30/2009