

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721112

FILED
Apr 25, 2014
Secretary of State
CC6759624053**Entity Name:** HEATHGATE-SUNFLOWER HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**NOTE: CLUBHOUSE INQUIRES CALL 954-722-0650
HEATHGATE-SUNFLOWER HOMEOWNERS ASSOCIATION 8100 N.W. 70TH AVE.
TAMARAC, FL 33321**Current Mailing Address:**FOR ESTOPPEL LETTERS MAIL ATTN. OFFICE MANAGER TO:
MAIL TO: PO BOX 25406
TAMARAC, FL 33320 US**FEI Number: 59-1567570****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KAYE BENDER REMBAUM ATTORNEYS AT LAW
NOTE: FOR ESTOPPELS / INQUIRES CONTACT ASSOCIATION DIRECT
KAYE BENDER REMBAUM ATTORNEYS AT LAW 1200 PARK CENTRAL BOULEVARD
SOUTH
POMPANO BEACH, FL 33064 US*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: ANDREW BLACK, ESQUIRE****04/25/2014**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title PRES
Name ROBERTS, KAREN L
Address MAIL TO: PO BOX 25406
City-State-Zip: TAMARAC FL 33320Title VP
Name JONES, JANE
Address MAIL TO: PO BOX 25406
City-State-Zip: TAMARAC FL 33320Title SEC
Name LETTIERI, GINA
Address PO BOX 25406
City-State-Zip: TAMARAC FL 33320Title TREAS
Name CANANZARO, MICHAEL
Address PO BOX 25406
City-State-Zip: TAMARAC FL 33320Title DIRECTOR
Name CLARKE, MICHAEL
Address MAIL TO: PO BOX 25406
City-State-Zip: TAMARAC FL 33320Title MAIL
Name * ALL MAIL TO: HEATHGATE-SUNFLOWER ASSOC.
Address PO BOX 25406
City-State-Zip: TAMARAC FL 33320Title OFFICE MANAGER
Name FOR ESTOPPEL LETTERS ** MAIL
ATTN: OFFICE MANAGER **
Address MAIL TO: PO BOX 25406
City-State-Zip: TAMARAC FL 33320

I hereby 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 all other like empowered.

SIGNATURE: GINA LETTIERI**BOARD OF DIRECTORS****04/25/2014**

