

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760531

Entity Name: HEATHER SOUND HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5143 COMMERCIAL WAY
SPRING HILL, FL 34606**Current Mailing Address:**5143 COMMERCIAL WAY
SPRING HILL, FL 34606**FEI Number:** 59-2598463**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIERZYNSKI, MICHAEL J
5143 COMMERCIAL WAY
SPRING HILL, FL 34606 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	BENNETT, EDWARD
Address	5143 COMMERCIAL WAY
City-State-Zip:	SPRING HILL FL 34606

Title	DIRECTOR
Name	WHARTON, RUTH
Address	5143 COMMERCIAL WAY
City-State-Zip:	SPRING HILL FL 34606

Title	T
Name	BATEMAN, SUSAN
Address	5143 COMMERCIAL WAY
City-State-Zip:	SPRING HILL FL 34606

Title	P
Name	PILON, THOMAS
Address	5143 COMMERCIAL WAY
City-State-Zip:	SPRING HILL FL 34606

Title	DS
Name	BUTLER, CAMILLE
Address	5143 COMMERCIAL WAY
City-State-Zip:	SPRING HILL FL 34606

Title	D
Name	RYAN, PHILIP
Address	5143 COMMERCIAL WAY
City-State-Zip:	SPRING HILL FL 34606

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: THOMAS PILON**PRESIDENT****02/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date