

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27820

**Entity Name:** HEATHER DOWNS NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**8818 HEATHER GLEN CT  
TAMPA, FL 33647**Current Mailing Address:**8818 HEATHER GLEN CT  
TAMPA, FL 33647 US**FEI Number:** 65-0166915**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MELTON, WEB  
1801 N HIGHLAND AVE  
TAMPA, FL 33602 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:** WEB MELTON

02/16/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DONN, ALAN M  
Address        8818 HEATHER GLEN CT  
City-State-Zip: TAMPA FL 33647

Title            ASST. TREASURER  
Name            FOX, KEITH  
Address        17408 HEATHER OAKS PL  
City-State-Zip: TAMPA FL 33647

Title            DIRECTOR  
Name            JOSEPH, RICK  
Address        8805 HEATHER GLEN CT  
City-State-Zip: TAMPA FL 33647

Title            TREASURER  
Name            BOYLES, KEN  
Address        17418 HEATHER OAKS PL  
City-State-Zip: TAMPA FL 33647

Title            DIRECTOR  
Name            JOHNSON, BILL  
Address        8812 HEATHER GLEN CT.  
City-State-Zip: TAMPA FL 33647

Title            DIRECTOR  
Name            TONEY, JOHN DR.  
Address        8807 HEATHER GLEN CT.  
City-State-Zip: TAMPA FL 33647

Title            DIRECTOR  
Name            BURKETT, MIKE  
Address        17412 HEATHER OAKS PL  
City-State-Zip: TAMPA FL 33647

Title            DIRECTOR  
Name            OREOLT, STEVE  
Address        8814 HEATHER GLEN CT  
City-State-Zip: TAMPA FL 33647

*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:** ALAN M DONN

PRESIDENT

02/16/2019

Electronic Signature of Signing Officer/Director Detail

Date