


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90023 023 ****61.25

DOCUMENT # 715961 1. Entity Name HEATHER HILLS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4925 3RD ST WEST BRADENTON, FL 34207			Mailing Address 211 50TH AVE DR W BRADENTON, FL 34207 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1396197	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARNER, K. F 211 50TH AVE. DR. WEST BRADENTON, FL 34207			7. Name and Address of New Registered Agent Name <u>same</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TR DOEPKER, JOHN 303 50TH AVE., PLAZA BRADENTON, FL 34207	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE - VP TOM DIXON 213 48th AVE. DR. W. BRADENTON, FL 34207
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAAL, MARTY 404 50TH AVE. PLAZA WEST BRADENTON, FL 34207	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR. IVAN MC MILLEN 4912 2ND ST. W. BRADENTON, FL 34207
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRESIDENT RADER, BOYD 5003 4TH ST. WEST BRADENTON, FL 34207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CRAIG SOLIDAY 109 48th AVE W. BRADENTON, FL 34207
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, LILLIAN I 314 50TH AVE. TERR. W. BRADENTON, FL 34207	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOLORES SCAMORDELLA 214 48th AVE DR. WEST BRADENTON, FL 34207
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARNER, K. F 211 50TH AVE. DR. WEST BRADENTON, FL 34207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ROSE MEARS 110 50th AVE DR. W. BRADENTON, FL 34207
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS SCHMIDT, GERALD 213 49TH AVE. WEST BRADENTON, FL 34207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR. JANET VOORHEIS 203 49th AVE DR. W. BRADENTON, FL 34207
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>K.F. Marner</u> <u>K.F. MARNER</u> <u>1-30-2008</u> <u>941 727-5658</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					