


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

06-26-2006 90002 047 \*\*\*\*61.25

<b>DOCUMENT # 721112</b> 1. Entity Name <b>HEATHGATE-SUNFLOWER HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>8100 N.W. 70TH AVE. TAMARAC, FL 33321 US</b>			Mailing Address <b>PO BOX 25406 TAMARAC, FL 33320 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1567570</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RANDALL K. ROGER &amp; ASSOCIATES, PA 621 NW 53 STREET SUITE 300 BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUTUNICK, IRVING MR. 6820 NW 81 STREET TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, LYNDON MR. 8291 NW 68 TERRACE TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAW, PHYLLIS MS 7001 NW 79 STREET TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP   <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBEN, MARYANN MRS. 8156 N.W. 67 AVE. TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P   <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARKE, MIKE MR. 8203 NW 73 AVENUE TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P   <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOORMAN, MARGARET MRS 8107 NW 73 AVENUE TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P   <input 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.					
<b>SIGNATURE:</b> <i>Phyllis Shaw</i> <b>Phyllis Shaw</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>6/20/06</b>				Daytime Phone # <b>954-240-8109</b>	

# ATTACHMENT

40096954

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DOCUMENT #721112  
HEATHGATE-SUNFLOWER HOMEOWNERS  
ASSOCIATION, INC

TITLE	LAST NAME	FIRST NAME	STREET ADDRESS	CITY-ST-ZIP
1 VP	COSTANZO	THERESA	7921 NW 71ST AVENUE	TAMARAC, FL 33321
2 S	MORRISON	GAIL	6800 NW 81 STRETT	TAMARAC, FL 33321
3 D/C	LATIERRIE	GINA	8100 NW 66 TERRACE	TAMARAC, FL 33321
4 D/C	BARLOW	MARILYN	8124 NW 66TH TERRCE	TAMARAC, FL 33321