
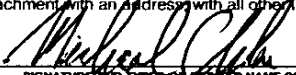


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90029 027 \*\*\*\*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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1567570</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TUTUNICK, IRVING MR.</b> <b>6820 NW 81 STREET</b> <b>TAMARAC, FL 33321</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President</b> <b>MARYANN Huber</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BROWN, LYNDON MR.</b> <b>8291 NW 68 TERRACE</b> <b>TAMARAC, FL 33321</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY</b> <b>GINA Lettiere</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>SHAW, PHYLLIS MS</b> <b>7001 NW 79 STREET</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CLARKE, MIKE MR.</b> <b>8203 NW 73 AVENUE</b> <b>TAMARAC, FL 33321</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DOORMAN, MARGARET MRS</b> <b>8107 NW 73 AVENUE</b> <b>TAMARAC, FL 33321</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input 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> 			2/24/07 954-334-8000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

# ATTACHMENT

60027824

DOCUMENT #721112

HEATHGATE-SUNFLOWER HOMEOWNERS ASSOCIATION

## VICE-PRESIDENT

Addition

Mrs. MARYANN HUBEN

8156 NW 67 Ave

Tamarac, FL 33321

## SECRETARY

Addition

Mrs. Gina Latierrie

8100 NW 66 Terrace,

Tamarac, FL 33321

## TREASURER

CHANGE

Ms. Phyllis Shaw

7001 NW 79 Street

Tamarac, FL 33321

## DIRECTOR

Addition

Mrs. Karen L. Roberts

6608 NW 79 Street

Tamarac, FL 33321

## DIRECTOR

Addition

Ms. Marilyn Barlow

8124 NW 66 Terrace

Tamarac, FL 33321

## DIRECTOR

Addition

Ms. Gail Morrison

6800 NW 81 Street

Tamarac, FL 33321

## DIRECTOR

Addition

Ms. Jane Jones

8017 NW 74 Terrace

Tamarac, FL 33321