


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90152 023 ****61.25

DOCUMENT # 721112					
1. Entity Name HEATHGATE-SUNFLOWER HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8100 N.W. 70TH AVE. TAMARAC, FL 33321 US		Mailing Address PO BOX 25406 TAMARAC, FL 33320 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1567570	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RANDALL K. ROGER & ASSOCIATES, PA 621 NW 53 STREET SUITE 300 BOCA RATON, FL 33487			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	V	<input type="checkbox"/> Delete	TITLE	PR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, MARYANNE		NAME	Maryann Huber	
STREET ADDRESS	6820 NW 81 STREET		STREET ADDRESS	8156 NW 67th Ave.	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	Tamarac, Fl. 33321	
TITLE	S	<input type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHIERE, GINA		NAME	Gina Lettieri	
STREET ADDRESS	8291 NW 68 TERRACE		STREET ADDRESS	8100 NW 66th Terr.	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	Tamarac, Fl. 33321	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, PHYLLIS MS		NAME		
STREET ADDRESS	7001 NW 79 STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE MIKE MR.		NAME	Karen L. Roberts	
STREET ADDRESS	8203 NW 73 AVENUE		STREET ADDRESS	8100 NW 70th Ave.	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	Tamarac, Fl 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOORMAN MARGARET MRS		NAME		
STREET ADDRESS	8107 NW 73 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Gina Lettieri</i>		Date: 3/11/08 954-721-8916			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			