2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725947

FILED Feb 03, 2009 Secretary of State

Entity Name: HEATHER WALK CONDOMINIUM, INC.

Current Principal Place of Business:				New Principal Place of Business:		
9000 SW 1 #102	152ND STREE	ΞΤ				
MIAMI, FL	33157					
Current Mailing Address:				New Mailing Address:		
9000 SW 1 #102 MIAMI, FL	152ND STREE 33157	ĒΤ				
FEI Number:	: 59-1735956	FEI Number Applied For()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name ar	nd Address o	of New Registered Agent:	
SCOTT, F. JOSEPH 4000 SW 152ND STREET #102 MIAMI, FL 33157 US				SCOTT, FOSTER J 9000 SW 152ND STREET #102 MIAMI, FL 33157 US		
	named entity of Florida.	submits this statement for the p	purpose of changing	g its registere	d office or registered agent, or both,	
SIGNATUF	RE: FOSTER	SJSCOTT			02/03/2009	
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICERS	S AND DIREC	CTORS:	ADDITIO	NS/CHANGI	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (WALKER, JIM 13705 SW 91 MIAMI, FL 33	CT, #A	Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (MOLIEN, ANIT 9005 SW 138 MIAMI, FL 33	ST #D	Title: Name: Address: City-St-Zip		37 TERR # A	
Title: Name: Address: City-St-Zip:	TD (CRITZER, CLA 9013 SW 138 MIAMI, FL 33	ST #A	Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (MEASHON, SA 13705 SW 91 MIAMI, FL 33	CT. #D	Title: Name: Address: City-St-Zip	VP MEASHON, 13705 SW 9 : MIAMI, FL 3	91 CT. #D	
Title: Name: Address: City-St-Zip:	D (SALEHER, BA 9003 SW 138 MIAMI, FL 33	ST#H	Title: Name: Address: City-St-Zip	:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (KRISS, TED 137 20SW 90 MIAMI, FL 33		Title: Name: Address: City-St-Zip	SD RODRIGUE 137 26 SW : MIAMI, FL	90 AVE #B	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JIM WALKER P 02/03/2009