

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90024 020 \*\*\*\*61.25

**DOCUMENT # 728891**

1. Entity Name

THE HEATHER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

9100 NAKOMA WAY  
BROOKSVILLE FL 34613

Mailing Address

9100 NAKOMA WAY  
BROOKSVILLE FL 34613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TAYLOR, THOMAS B  
9100 NAKOMA WAY  
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2033314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME TAYLOR, THOMAS  
STREET ADDRESS 9100 NAKOMA WAY  
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D ☐ Delete  
NAME SIDELL, BETH  
STREET ADDRESS 9100 NAKOMA WAY  
CITY-ST-ZIP WEEKI WACHEE FL 34613

TITLE VD ☐ Delete  
NAME CUMMINS, RC  
STREET ADDRESS 9100 NAKOMA WAY  
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE D ☐ Delete  
NAME KNAUS, EDWARD  
STREET ADDRESS 9100 NAKOMA WAY  
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE VDS ☐ Delete  
NAME BAUZO-INMAN, LUZ  
STREET ADDRESS 9100 NAKOMA WAY  
CITY-ST-ZIP BROOKSVILLE FL 34613

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VB ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas B Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #