FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729303 (8)

1. Corporation Name

HEATHERTON VILLAGE, UNIT ONE, HOMEOWNERS' ASSOCI ATION, INC.

Principal Place of Business	Mailing Address
% RICHARD A. WAGNER. ESQ. 304 E COLONIAL DRIVE ORLANDO FL 32801	% RICHARD A. WAGNER. ESQ. 304 E COLONIAL DRIVE ORLANDO FL 32801

3. Date Incorporated or Qualified: 04/09/1974
3a. Date of Last Report: 03/08/1995

2. Principal Place of Business
21 P.O. Box 160733
22 Suite, Apt. #, etc.
23 City & State: Alt. Springs, FL
24 Zip: 32714 25 Country: USA

2a. Mailing Address
26 P.O. Box 160733
27 Suite, Apt. #, etc.
28 City & State: Alt. Springs, FL
29 Zip: 32714 30 Country: USA

4. FEI Number: 59-1754055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WAGNER, RICHARD A
304 E. COLONIAL DRIVE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City FL 85 Zip Code

100001280151
-03/11/96--01006--020
***61.25

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLINE, JUDITH 627 HEATHERTON VILLAGE ALTAMONTE SPRGS,FL 00000	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P ☐ Change ☒ Addition Lynn Whiting 513 Heatherton Village Altamonte Springs, FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NORTON, RICK 633 HEATHERTON VILLAGE ALTAMONTE SPRGS FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP ☐ Change ☒ Addition Linda Dittmann 522 Heatherton Village Altamonte Springs, FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WAGNER, RICHARD 631 HETHERTON VILLAGE ALTAMONTE SPRGS,FL 00000	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T ☐ Change ☒ Addition Terri Mongiello 530 Heatherton Village Altamonte Springs, FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S READY, BEA 618 HEATHERTON VILLAGE ALTAMONTE SPRGS,FL 00000	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	2ndVP ☒ Change ☐ Addition Bea Reedy 618 Heatherton Village Altamonte Springs, FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSS, CHARLES 631 LITTLE WEKIVA ROAD ALTAMONTE SPRGS,FL 00000	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S ☐ Change ☒ Addition Barbara Boswell 598 Heatherton Village Altamonte Springs, FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D ☐ Change ☒ Addition Kathy Blackburn 584 Heatherton Village Altamonte Springs, FL 32714

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/22/96 862 4219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Lynn Whiting, President