FILE NOW: FILING FEE IS $61.25

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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **729303** **(8)**

1. Corporation Name

HEATHERTON VILLAGE, UNIT ONE, HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 160733 ALT. SPRINGS FL 32714	PO BOX 160733 ALT. SPRINGS FL 32716-0733

3. Date Incorporated or Qualified: 04/09/1974
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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 Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	P	☐ DELETE	1.1 TITLE	VP	☑ Change ☐ Addition
NAME	WHITING, LYNN		1.2 NAME	WHITING, LYNN	
STREET ADDRESS	513 HEATHERTON VILLAGE		1.3 STREET ADDRESS	513 Heatherton Vge.	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32714		1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	VD	☐ DELETE	2.1 TITLE	P	☑ Change ☐ Addition
NAME	DITTMANN, LINDA		2.2 NAME	DITTMANN, LINDA	
STREET ADDRESS	522 HEATHERTON VILLAGE		2.3 STREET ADDRESS	522 Heatherton Vge.	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32714		2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	T	☐ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	MONGIELLO, TERRIRD		3.2 NAME	MONGIELLO, Terri	
STREET ADDRESS	530 HETHERTON VILLAGE		3.3 STREET ADDRESS	530 Heatherton Vge.	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32714		3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	S	☒ DELETE	4.1 TITLE	S	☐ Change ☑ Addition
NAME	BOSWELL, BARBARA		4.2 NAME	POND, SYLVIA	
STREET ADDRESS	598 HEATHERTON VILLAGE		4.3 STREET ADDRESS	635 Heatherton Vge.	
CITY-ST-ZIP	ALTAMONTE SPRGS FL 32714		4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	2VP	☒ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	REEDY, BEA		5.2 NAME	EGENSTEINER, ERIK	
STREET ADDRESS	618 HEATHERTON VILLAGE		5.3 STREET ADDRESS	523 Heatherton Vge.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	BLACKBURN, KATHY		6.2 NAME	McDONNEL, CARLA	
STREET ADDRESS	584 HEATHERTON VILLAGE		6.3 STREET ADDRESS	610 Heatherton Vge.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	

CR2E037 (9/96)

14. I do 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 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: Terri Mongiello Treasurer 3/4/97 (407) 865-9571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013269