2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
03-06-2001 90345 043 ****70.00

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DOCUMENT # 729303

1. Entity Name

HEATHERTON VILLAGE, UNIT ONE, HOMEOWNERS' ASSOCI

Principal Place of Business	Mailing Address
PO BOX 160733 ALT. SPRINGS FL 32714	P & R Housing Management ~~PO BOX 160733~~ P.O. Box 568846 ~~ALT. SPRINGS FL 32714~~ Orlando, FL 32856-8846

A0028656

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WAGNER, RICHARD A~~ Pamela R. Walters ~~304 E. COLONIAL DRIVE~~ 87 West Michigan St ORLANDO FL 32801 Orlando, Fla 32806	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.

SIGNATURE Pamela R. Walters, Manager
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	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUSSELL, GAIL ~~534 HEATHERTON VILLAGE~~ ~~ALTAMONTE SPRGS FL 32714~~	☐ Delete	PRESIDENT | DIRECTOR GAIL RUSSELL 5512 FLINT ROAD COCOA, FL 32927	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOSWELL, BARBARA 598 HEATHERTON VILLAGE ALTAMONTE SPRGS FL 32714	☐ Delete	TREASURER | DIRECTOR	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, JANE 627 HEATHERTON VILLAGE ALTAMONTE SPRGS FL 32714	☑ Delete	ASST SEC | DIRECTOR NANCY SLATE 1769 CARILLON PARK DR. OVIEDO, FL 32765	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON, MARIE 615 HEATHERTON VILLAGE ALTAMONTE SPRGS FL 32714	☑ Delete	VICE PRES | DIRECTOR ~~BEA REEDY~~ TOM CROWNOVER 620 HEATHERTON VILLAGE Altamonte Springs, FL 32714	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DITTMANN, LINDA 522 HEATHERTON VILLAGE ALTAMONTE SPRINGS FL 32714	☐ Delete	SECRETARY | DIRECTOR	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MARLA CANNON 537 HEATHERTON VILLAGE Altamonte Springs, FL 32714	☐ Delete	DIRECTOR BEA REEDY 618 HEATHERTON VILLAGE Altamonte Springs, FL 32714	☐ Change	☑ Addition

CR2E037 (10/00)

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: Gail L. Russell Pres Gail L. Russell 1/23/01 407-645-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #