2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90054 036 ****70.00

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DOCUMENT # 729303

1. Entity Name

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

Principal Place of Business	Mailing Address
PO BOX 160733 ALT. SPRINGS FL 32714	~~P & R HOUSING MGMT.~~ ~~P.O. BOX 568846~~ ~~ORLANDO FL 32856-8846~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	Heatherton Village HOA
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O.Box 160733
City & State	City & State Alt. Springs, FL
Zip / Country	Zip 32714 / Country USA

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
~~WOLTERS, PAMELA R.~~ ~~87 WEST MICHIGAN ST.~~ ~~ORLANDO FL 32806~~	Name: Richard A. Wagner, Esq. Street Address (P.O. Box Number is Not Acceptable): 304 East colonial Drive City: Orlando **FL** Zip Code: 32801

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: Richard A. Wagner — DATE: 3/28/02

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

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	PD RUSSELL, GAIL 5512 FLINT ROAD COCOA FL 32927	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mongiello, Terri 530 Heatherton Village Altamonte Springs, FL 32714	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BOSWELL, BARBARA 598 HEATHERTON VILLAGE ALTAMONTE SPRGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Boswell, Barbara 598 Heatherton Village Altamonte Springs, FL 32714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD SLATE, NANCY 1769 CARILLON PARK DRIVE OVIEDO FL 32765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CROWNOVER, TOM 620 HEATHERTON VILLAGE ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REEDY, BEA 618 HEATHERTON VILLAGE ALTAMONTE SPRINGS FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD Herndon, Brenda 576 Heatherton Village Altamonte Springs, FL 32714	☐ Change ☒ Addition

CR2E037 (9/01)

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: Terri Mongiello — Terri Mongiello, Treas — 3/21/02 — (407) 644-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #