# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 12, 2004 8:00 am**
**Secretary of State**
02-12-2004 90010 043 ****70.00

DOCUMENT # 729303

1. Entity Name
HEATHERTON VILLAGE, UNIT ONE, HOMEOWNERS' ASSOCIATION, INC.

44010808

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 160733<br>ALT. SPRINGS, FL 32714 US | HEATHERTON VILLAGE HOA<br>P O BOX 160733<br>ALTAMONTE SPRINGS, FL 32714 US |

01112004 Chg-NP CR2E037 (10/03)

| 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**

~~WAGNER, RICHARD A ESQ~~
~~304 EAST COLONIAL DRIVE~~
~~ORLANDO, FL 32801~~

**7. Name and Address of New Registered Agent**

Name PAUL L. WEAN ESQ
Street Address (P.O. Box Number is Not Acceptable) 6446 EAST COLONIAL DRIVE
City ORLANDO FL Zip Code 32803

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 Wean + Malchow, P.A. by Paul L. Wean 1/23/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MONGIELLO, TERRI<br>530 HEATHERTON VILLAGE<br>ALTAMONTE SPRINGS, FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BOSWELL, BARBARA<br>598 HEATHERTON VILLAGE<br>ALTAMONTE SPRGS, FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MAY, JOHN D<br>616 HEATHERON VILLAGE<br>ALTAMONTE SPRINGS, FL 32714 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MARIE A. GORDON<br>615 HEATHERTON VILLAGE<br>ALTAMONTE SPRINGS, FL 32714<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>CROWNOVER, TOM<br>620 HEATHERTON VILLAGE<br>ALTAMONTE SPRINGS, FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>REEDY, BEA<br>618 HEATHERTON VILLAGE<br>ALTAMONTE SPRINGS, FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HEMIL GIRALDO<br>610 HEATHERTON VILLAGE<br>ALTAMONTE SPRINGS, FL 32714<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASD<br>HERNDON, BRENDA<br>576 HEATHERTON VILLAGE<br>ALTAMONTE SPRINGS, FL 32714 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 1-21-04 (407) 869 5279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #