



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90177 025 ****61.25

DOCUMENT # 729303 1. Entity Name HEATHERTON VILLAGE, UNIT ONE, HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business PO BOX 160733 ALT. SPRINGS, FL 32714 US			Mailing Address HEATHERTON VILLAGE HOA P O BOX 160733 ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40000000 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1754055	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEAN, PAUL L ESQ 646 EAST COLONIAL DRIVE ORLANDO, FL 32803				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D WAGNER, RICHARD A 631 HEATHERTON VILLAGE ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Monica Ross 516 Heather-ton Vlg. Altamonte Spgs, FL. 32714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete WILLIS, LEE 632 HEATHERTON VILLAGE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition IAN De Bruin 522 Heather-ton Vlg. Altamonte Spgs, FL. 32714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete REEDY, BEATRICE 618 HEATHERTON VILLAGE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete CROWNOVER, TOM 620 HEATHERTON VILLAGE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robin Giraldo 610 Heather-ton Vlg. Altamonte Spgs, FL. 32714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete GIRALDO, ROBIN 610 HEATHERTON VILLAGE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tami Hermann 539 Heather-ton Vlg. Altamonte Spgs, FL. 32714		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete HERNDON, BRENDA 576 HEATHERTON VILLAGE ALTAMONTE SPRINGS, FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Rob Giraldo, Treasurer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/1/07 Date		407-696-2106 Daytime Phone #	