2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#729303

FILED Apr 23, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 541 HEATHERTON VILLAGE ALT. SPRINGS, FL 32714 **Current Mailing Address: New Mailing Address:** 541 HEATHERTON VILLAGE ALT. SPRINGS, FL 32714 FEI Number: 59-1754055 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEAN, PAUL LESQ 646 EAST COLONIAL DRIVE ORLANDO, FL 32803 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROSS, MONICA Name: Name: 516 HEATHERTON VLG. Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: SD Title: () Delete () Change () Addition DEBRUIN, IAN Name: Name: Address: 522 HEATHERTON VLG. Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: () Change () Addition REEDY, BEATRICE Name: Name: Address: 618 HEATHERTON VILLAGE Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: GIRALDO, ROBIN Name: Address: 610 HEATHERTON VLG. Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: () Delete Title: (X) Change () Addition REYNOLDS, JANE BROWN, ROBIN Name: Name: 627 HEATHERTON VLG. 517 HEATHERTON VLG. Address: Address: ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition CIOCA, JOHN GORDON, MARIE Name: Name: Address: 619 HEATHERTON VILLAGE Address: 615 HEATHERTON VILLAGE ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN GIRALDO, TREASURER TD 04/23/2009