## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #731473**



**FILED** Jan 19, 2006 8:00 am Secretary of State

1. Entity Name HEATHER HALL ASSOCIATION, INC.							0	1-19-2006 900	72 006 ****6	1.25
4747 AVON COURT BOAF ST CLOUD, FL 34769 4747			DARD OF DIRECTORS 747 AVON COURT NINT CLOUD, FL 34769			1 (T <b>ib</b> in) - 1 <b>1 (10 (10 )</b>	MÅN KNIN IDEKA INI AIRH I	DIATE DESTI DESTA GERAL GER	MATA GA HETA	
2. Principal Place of Business 3. Mai			lailing Address							
Suite, Apt. #, etc. Si			Suite, Apt. #, etc.			01142006 <sub>Cl</sub>	ng-NP CF	R2E037 (11/05)		
City & State			Cit	City & State			4. FEI Number Applied For 59-1640150 Not Applied be			
Zip	Zip Country		Zip	Zip Countr			5. Certificate of Status Desired   \$8.75 Additional Fee Required		ditional	
6. Name and Address of Current Registere				d Agent			7. Name and Address of New Registered Agent			
EOKOLOV	OC SASTE	UEWATUOWA C			Nar	Name				
SOKOLOVIC, MATTHEW THOMAS 4729 ESSEX COURT ST.CLOUD, FL 34769				Street Address (			P.O. Box Number is Not Acceptable)			
	,				1					
; " ;				City			FL Zip Code			
<ol> <li>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.</li> </ol>										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renestating)  DATE										
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make check payable to Added to Fees Florida Department of State				
<u>₹</u> 10.		OFFICERS AND DIE	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AI	ND DIRECTORS IN	i 10
NAME STREET ADDRESS	I	VIC, MATTHEW		☐ Delete	TITLE NAME STREET ADDR	PD SOKO	DLOVIC,MATTHI		X Change	☐ Addition
CITY-ST-ZIP	1				CITY-ST-ZIP	7120	ESSEX COURT 「CLOUD, FL 34	769		
TITLE	VD			Delete	TTLE				☐ Change	☐ Addition
NAME	SUSOL, VICTOR				NAME	ĺ				
STREET ADDRESS CITY-ST-ZIP	S 4726 AVON COURT SAINT CLOUD, FL 34769				STREET ADDR					
TITLE	D			☐ Delete	TITLE	SD			X Change	☐ Addition
NAME STREET ADDRESS	SANOI, E				NAME		OI, ETHAN			
CITY-ST-ZIP	4714 KILT SAINT CL	OUD, FL 34769			STREET ADDR		KILT COURT I CLOUD, FL 34	769		
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NAME	1	N, EVELEYN			NAME	HOEK	(MAN, EVELYN			
STREET ADDRESS CITY+ST-ZIP	4749 KILT SAINT CL	OUD, FL 34769			STREET ADDR	4143	KILT COURT T CLOUD, FL 34	769		
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CITY-ST-ZIP	1		STREET ADDR	l l						
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TITLE	OAIITI OL			Delete	TITLE				Change	Addition
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	Oracti GE	· · · · · · · · · · · · · · · · · · ·		☐ Delete	1	ľ			☐ Change	Addition

Interest certain that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, 1 former 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 eath; 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.

SIGNAT	IIRE
	O:/L

Meth C. Mathew Thomas Sokolovic - President Signature and typed or printed name of signing officer or director

1-14-2004

407-467-8276

Date

Daytime Phone #