


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90035 007 ****61.25

DOCUMENT # 755797 1. Entity Name HEATHERTON MANOR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2517 SANTA BARBARA BLVD #11 CAPE CORAL, FL 33914 US				Mailing Address % PROFESSIONALLY YOURS P.O. BOX 100831 CAPE CORAL, FL 33910 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2799785	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TEAQUE, GEORGE				Name	
2517 SANTA BARBARA BLVD #11				Street Address (P.O. Box Number is Not Acceptable)	
FORT MYERS, FL 33919					
				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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JEFFREYS, ALBERT	NAME			
STREET ADDRESS	4711 SE 5TH AVE. #11	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AUGELLO, VINCENT	NAME			
STREET ADDRESS	1179 SW 5TH STREET	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PUPILLO, JEAN	NAME			
STREET ADDRESS	4711 SE 5TH AVE #4	STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCDEVITT, RITZ	NAME			
STREET ADDRESS	4711 SE 5TH AVE #3	STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Dir. Marion Usset		
STREET ADDRESS		STREET ADDRESS	35 Nathan Ln. N. # 303		
CITY-ST-ZIP		CITY-ST-ZIP	Plymouth, MN 55441		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					