FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| DOCU | MENT # 76621 | 4 (1) | | | |
|--|--|--------------------------|----------------------------------|--|--------------------------|
| 1. Corporation Name HEATHERWOOD CONDOMINIUM ASSOCIATION, INC. | | | | | |
| | | | | I IBBAH KODIA BUKA AKAN KADIA KADA AKAN AKAN AKAN AKAN AKAN AKAN AKA | |
| Principal Plac | e of Business | Mailing Address | | | |
| 7381-32ND-3T: WEST P.O. BOX 10674 | | | | | |
| SUITE E-14 BRADENTO | N FL 34205 | BRADENTON FL 34282 US | | | |
| US | | | | 3. Date Incorporated or Qualified 12/21/1982 3a. Date of Las 02/10/ | |
| | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 4301 Suite, Apt. | 32nd St W | 26 Suito Act # ala | | 59-2482333 | Not Applicable |
| 22 | #, 010 . | Suite, Apt. #, etc. | | Oblinicate of Status Desired | 5 Additional Required |
| City & Stat | е | City & State | | 6 Election Campaign Financing \$5.0 | OO May Be |
| 23 Zip | Country | 28 | | Trust Fund Contribution Add | ed to Fees |
| 24 | 25 | Zip 29 | Country 30 | 8. This corporation has liability for intangible tax under s Florida Statutes ☐ Yes ☐ No | . 199.032, |
| | 9. Name and Address of Currer | | 30 | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | | |
| C&S CONDO MGMNT SVC INC. 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 7301 32ND 3T: West Suite E-14 | | | 83 43(| 01 32nd St W | |
| BRADENTON FL 34205 | | | | | |
| 4.145. | 7,011 12 0,1200 | | 84 City | FL 85 Z | ip Code |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the objections of Section 617.0503. Engide Statutes | | | | | |
| familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | | | | |
| 12. | OFFICERS ANI | | Registered Agent signature r | required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTO | 200 IN 10 |
| TITLE | PD | DELETE | 1.1 TITLE | P/D Change | Addition |
| NAME | PORRITT, PAT | | 1.2 NAME | Brian Heavrin | |
| STREET ADDRESS | 5311 11 ST CIR E | | 1.3 STREET ADDRESS | 5421 11th St Cr E | |
| CITY-ST-ZIP | BRADENTON FL 34203 | | 1.4 CITY - ST - ZIP | Bradenton Fl 34203 | |
| TITLE NAME | TD Wennberg, Barbara | DELETE | 2.1 TITLE | VP /D | ☐ Addition |
| STREET ADDRESS | 5200 11 ST CIR E | | 2 2 NAME | Barbara Wennberg 5306 11th St Cr E | |
| CITY-ST-ZIP | BRADENTON FL 84203 | | 2.3 STREET ADDRESS | Bradenton Fl 34203 | |
| TITLE | -D- | DELETE | 2 4 CITY-ST-2IP 3 1 TITLE | S/D Change | ☐ Addition |
| NAME | FERRULO, ROBERT | _ | 32 NAME | Evelyn Worley | ROURIDIT |
| STREET ADORESS | 418 13T AVE E | | 3.3 STREET ADDRESS | 5304 11th St Cr E | İ |
| CITY-ST-ZIP | BRADENTON FL 34203 | | 3 4. CITY-ST-ZIP | Bradenton Fl 34203 | |
| TITLE | WOOLEY DELVA | ₩ DELETE | 4.1 TITLE | T /D Change | ☐ Addition |
| NAME CIRCL ADDOCCO | WORLEY, EVELYN 5004-11-07: CR E | | 4. 2 NAME | Anita Lioce | |
| STREET ADDRESS | BRADENTON FL 34203 | | 4.3 STREET ADDRESS | PO Box 1616 VA | |
| CITY - ST - ZIP TITLE | 30 | ₩ ÛELETE | 4.4 CITY - ST - ZIP 5 1 TITLE | Palmetto Fl 34221-1616 | |
| NAME | RYAN, MAUREEN | F. DECF! F | 5.2 NAME | D / D Change | ☐ Addition |
| STREET ADDRESS | 5010 117H ST CIRCLE E | | 5.2 NAME 5.3 STREET ADDRESS | Wayne Ellerman | İ |
| CITY-ST-ZIP | BRADENTON FL 34203 | | 5.4 DITY-ST-ZIP | 5415 11th St Cr E | İ |
| TITLE | | DELETE | 6.1 THILE | Bradenton Fl 34203 | Addition |
| NAME | | | 6.2 NAME . | 200001778042 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | -04/12/9601021019 | ł |

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if planged, or on an attachment with an address.

SIGNATURE:

Preside Suchature and Typed on Printed Name of Signing Officer on Director President

02/05/96 941-758-9454 Date Daytime Phone #

