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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766214** **(1)**

1. Corporation Name

HEATHERWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4301 32ND ST W ~~SUITE E-14~~ BRADENTON FL 34205 US	P.O. BOX 10674 BRADENTON FL 34282-0674 US

3. Date Incorporated or Qualified: **12/21/1982**
3a. Date of Last Report: **04/11/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22: Suite C7
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 | Country — 25
Zip — 29 | Country — 30

4. FEI Number: **59-2482333** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C&S CONDO MGMNT SVC INC.
4301 32ND ST. WEST
~~SUITE E-14~~
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite C7

84 City **FL** 85 Zip 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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HEAVRIN, BRIAN		1.2 NAME		
STREET ADDRESS	5421 11TH ST CR E		1.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		1.4 CITY-ST-ZIP		
TITLE	~~VPD~~	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	~~WENNBERG, BARBARA~~		2.2 NAME	June Rohrssen	
STREET ADDRESS	~~5306 11TH ST CR E~~		2.3 STREET ADDRESS	5315 11th St Cr E	
CITY-ST-ZIP	~~BRADENTON FL 34203~~		2.4 CITY-ST-ZIP	Bradenton Fl 34203	
TITLE	~~SD~~	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~WORLEY, EVELYN~~		3.2 NAME		
STREET ADDRESS	~~5304 11TH ST CR E~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~BRADENTON FL 34203~~		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LIOCE, ANITA		4.2 NAME		
STREET ADDRESS	PO BOX 1616 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL 34221-1616		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ELLERMAN, WAYNE		5.2 NAME		
STREET ADDRESS	5415 11TH ST CR E		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] REQUIRED Pres. 2/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0064292