

2000 UNIFORM BUSINESS REPORT (UBR)

2/3/00-90004-016-\$61.25-\$61.25

DOCUMENT # 766214

1. Entity Name

HEATHERWOOD CONDOMINIUM ASSOCIATION, INC.

FILED

00 MAR -2 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4301 32ND ST W
STE C7
BRADENTON FL 34206
US

P.O. BOX 10674
BRADENTON FL 34282-0674
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste A19

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2482333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C&S CONDO MGMNT SVC INC.
4301 32ND ST. WEST
STE C7
BRADENTON FL 34205

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP. ☐ Delete

NAME WHITEHEAD, JAMES
STREET ADDRESS 5307 11TH AVE CR E
CITY-ST-ZIP BRADENTON FL 34203

TITLE VP/D ☐ Change ☐ Addition

TITLE D- ☒ Delete

NAME LIOCE, ANITA
STREET ADDRESS PO BOX 1616 N/A
CITY-ST-ZIP PALMETTO FL 34221-1616

TITLE ☐ Change ☐ Addition

TITLE PD ☐ Delete

NAME ELLERMAN, WAYNE
STREET ADDRESS 5415 11TH ST CR E
CITY-ST-ZIP BRADENTON FL 34203

TITLE P/O ☐ Change ☐ Addition

TITLE D- ☒ Delete

NAME VALENTE, SHARON
STREET ADDRESS 5302 11TH ST CR E
CITY-ST-ZIP BRADENTON FL 34203

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

12. I 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 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: Wayne Ellerman DATE: 1-19-99 DAYTIME PHONE: 941-751-9454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)