2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # 766214 1. Entity Name HEATHERWOOD CONDOMINIUM ASSOCIATION, INC. 04-24-2001 90260 003 ****61.25 Principal Place of Business Mailing Address P.O. BOX 10674 4301 32ND ST W **BRADENTON FL 34282** STE A19 **BRADENTON FL 34205** 3. Mailing Address 2. Principal Place of Business 5899 Whitfield Avenue 5899 Whitfield Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 107 Suite 107 City & State 4. FEI Number Applied For City & State 59-2482333 Not Applicable Sarasota, FL Sarasota, FL Country Country \$8.75 Additional 5. Certificate of Status Desired Zip 34243 34243 Fee Required USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Advanced Management of Southwest Florida, Inc. Street Address (P.O. Box Number is Not Acceptable) C&S CONDO MGMNT SVC INC. Whitfield Avenue. Suite 107 4301 32ND ST. WEST STE C7 Zip Code **BRADENTON FL 34205** <u>Sarasota</u> 34243 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. Douglas E. Wilson SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. OFFICERS AND DIRECTORS ☐ Change **X**XAddition P/D VP/D TITLE **XX**Delete TITLE WHITEHEAD, JAMES NAME BAKER, DON NAME STREET ADDRESS 5442 11TH STREET CIRCLE EAST 5307 11TH AVE CR E STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP **BRADENTON FL 34203 X**Addition VP/D Change TITLE **XX**Delete TITLE WILLIAMS, JIM NAME ELLERMAN, WAYNE NAME 5306 11TH STREET CIRCLE EAST STREET ADDRESS STREET ADDRESS 5415 11TH ST CR E CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP **BRADENTON FL 34203** T/D ☐ Change 🦵 🔂 Addition XX Delete TITLE TITI F COUCH, SANDY NAME JACKSON, JOE NAME STREET ADDRESS 5440 11TH STREET CIRCLE EAST 5427 11TH ST CR E STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34203 CITY-ST-ZIP BRADENTON FL 34203 S/D Change **XAddition **▼**Delete TITLE TITLE NAME MUGRAGE, DONNA NAME STREET ADDRESS STREET ADDRESS 5426 11TH STREET CIRCLE EAST CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34203 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 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