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DOCUMENT # 76621	4		

HEATHERWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5899 WHITFIELD AVENUE

5899 WHITFIELD AVENUE

SUITE 107 SARASOTA FL 34243 SUITE 107 SARASOTA FL 34243

3. Mailing Address 9031 Town Center Parkway 2. Principal Place of Business 9031 Town Center Parkwa Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

5. Certificate of Status Desired

Name and Address of Current Registered Agent

ADVANCED MANAGEMENT OF SW FLORIDA, INC. 5899 WHITFIELD AVENUE, SUITE 107 SARASOTA FL 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.

SIGNATURE



9. Election Campaign Financing

FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete TITLE TITLE BAKER, DON NAME NAME STREET ADDRESS 5442 11TH STREET CIRCLE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34203 Vice Presider TITLE TITLE Delete Richard Formera NAME WILLIAMS, JIM NAME 5310 11th St. Cir. STREET ADDRESS 5306 11TH STREET CIRCLE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** Delete COUCH, SANDY NAME NAME STREET ADDRESS 5440 11TH STREET CIRCLE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34203** ☐ Delete TITLE TITLE Addition MUGRAGE, DONNA NAME NAME STREET ADDRESS 5426 11TH STREET CIRCLE EAST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP Director Treasures Change TITLE ☐ Delete Addition Patricia Walsh NAME NAME 5422 11th St. Cir. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Bradentun FC 34203 CITY-ST-ZIP TITLE ☐ Delete TOLE ☐ Change 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 exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 attacker

SIGNATURE: