

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90144 037 ****61.25

DOCUMENT # 766214 1. Entity Name HEATHERWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4400 EL CONQUISTADOR PARKWAY BRADENTON, FL 34210 US			Mailing Address 4400 EL CONQUISTADOR PARKWAY BRADENTON, FL 34210 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2482333	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HAGARTY, JOHN 4400 EL CONQUISTADOR PKWY BRADENTON, FL 34210				Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BAKER, SUSAN 5442 11TH STREET CIRCLE EAST BRADENTON, FL 34203	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MOORE, LOIS 5303 11TH ST CIR E BRADENTON, FL 34203	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MEIGS, FAYE 5424 11TH ST CIR L BRADENTON, FL 34203	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PARDUE, BECKIE 5310 11TH ST. CIR BRADENTON, FL 34203	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEECHER, DIANE 5321 11TH ST CIR E BRADENTON, FL 34203	☒ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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: <u><i>Faye Meigs</i></u> <u><i>2/16/05</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					