

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90042 045 \*\*\*150.00

**DOCUMENT # K45367**

1. Entity Name  
**HEATH COTTAGES, INC.**



Principal Place of Business  
**515 N FLAGLER DR  
STE 300 P  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**P.O. BOX 4297  
WEST PALM BEACH, FL 33402 US**

**40019456**



01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
**223 Sunset Avenue**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 230**

City & State

City & State

**Palm Beach, FL**

Zip

Zip

Country

**33480**

4. FEI Number  
**65-0088698**

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

**CHOPIN, L. FRANK  
515 N FLAGLER DR  
STE 300P  
WEST PALM BEACH, FL 33401**

Name

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

**223 Sunset Avenue**

**Suite 230**

City

**Palm Beach**

FL

Zip Code

**33480**

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.

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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
CHOPIN, L. FRANK  
515 N FLAGLER DR, STE 300 P  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**223 Sunset Avenue, Suite 230  
Palm Beach, FL 33480** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FORD, KATHLEEN DUROSS  
515 N FLAGLER DR, STE 300 P  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**223 Sunset Avenue, Suite 230  
Palm Beach, FL 33480** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-14-07**