2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State
02-10-2006 90033 005 ****61.25

DOCUMENT # N00000008221

1. Entity Name
THE HEATHERS AT LAKE JOVITA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3974 TAMPA ROAD SUITE B OLDSMAR, FL 34677	PO BOX 2157 OLDSMAR, FL 34677

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1050A ELW PKWY Suite, Apt. #, etc.	1050A ELW PKWY Suite, Apt. #, etc.
City & State: OLDSMAR, FL	City & State: OLDSMAR, FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

4. FEI Number 65-1124565 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSON, JACK B
3974 TAMPA RD.
SUITE B
OLDSMAR, FL 34677

7. Name and Address of New Registered Agent

Name: SCANNAVINO, INC.
Street Address (P.O. Box Number is Not Acceptable): 1050A ELW PARKWAY
City: OLDSMAR FL Zip Code: 34677

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: Dominick Scannavino 1-8-06
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, 2006

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	D MUSTARI, RONALD 290 COCOANUT AVE SARASOTA, FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREWS, J S 290 COCOANUT AVE SARASOTA, FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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 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: Don Colvin 1-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #