


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90044 045 \*\*\*\*61.25

<b>DOCUMENT # N01000004562</b> 1. Entity Name <b>HEATHER GLEN HOA, INC.</b>					
Principal Place of Business <b>% 135 W. PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>% 135 W. PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>80-0020396</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PRESIDENTIAL GROUP SOUTH, INC. 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714</b>				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revalidating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROSS, KRISS <input type="checkbox"/> Delete 526 HEATHER OAK COVE ALTAMONTE SPRINGS, FL 32714				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT ARMSTRONG, ALEX <input type="checkbox"/> Delete 5050 HEATHER OAK COVE ALTAMONTE SPRINGS, FL 32714				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, TIM <input checked="" type="checkbox"/> Delete 501 HEATHER OAK COVE ALTAMONTE SPRINGS, FL 32714				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MUMBERT, NEAL <input type="checkbox"/> Delete 562 HEATHER OAK COVE ALTAMONTE SPRINGS, FL 32714				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Krist Brown</u> <span style="float: right;">3-30-07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					