

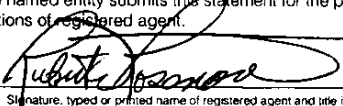


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90057 028 \*\*\*\*61.25

<b>DOCUMENT # N02000002962</b>					
<b>1. Entity Name</b> HEATHERSTONE AT ROOKERY POINTE NEIGHBORHOOD ASSOCIATION, INC.					
<b>Principal Place of Business</b> 27800 OLD 41 RD BONITA SPRINGS, FL 34135			<b>Mailing Address</b> 27800 OLD 41 RD BONITA SPRINGS, FL 34135		
<b>2. Principal Place of Business - No P.O. Box #</b> c/o Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country US		<b>3. Mailing Address</b> c/o Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country US			
<b>4. FEI Number</b> 81-0553913				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> STERLING PROPERTY SERVICES 27800 OLD 41 RD BONITA SPRINGS, FL 34135			<b>7. Name and Address of New Registered Agent</b> Name: Robert Rosenok Street Address (P.O. Box Number is Not Acceptable): 2685 Horseshoe Dr. S. #215 City: Naples FL Zip Code: 34104		
<b>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.</b> SIGNATURE:  DATE: Aug 8, 07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> 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	P FINDER, STACI 9723 HEATHERSTONE LAKE CT., #1 ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DRUMMUND, RACHER 9701 FORMALL WAY, #1 ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRAUN, BRAD 9717 HEATHERSTONE RIVER CT., #3 ESTERO, FL 33928	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Custa, Joseph 9712 Heatherstone Lake Court #6 ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Bennett, David 9720 Heatherstone River ESTERO, FL 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FASER ALEXIA Heatherstone way ESTERO, F 33928	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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:  DATE: 8/15/07 DAYTIME PHONE #					