The second second **2008 NOT-FOR-PROFIT CORPORATION**

ANNUAL REPORT

DOCUMENT # N02000002962

1. Entity Name

HEATHERSTONE AT ROOKERY POINTE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

C/O RESORT MANAGEMENT C/ 2685 HORSESHOE DR S. #215 26			O RESORT MANAGEMENT 585 HORSESHOE DR S. #215									
Principal Place of Business - No P.O. Box # 3.		Mailing Address				-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04012008 Chg-NP CR2E037 (12/06)						
City & State		City & State				4. FEI Number 81-0553913					oplied For of Applicable	
Zip	Country	Zip	Coun			5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name and Address of Current Reg	Istered Agent			•	7. Name and	Addres	s of New	Registered A	gent		
Tonic Comus				Name								
ROSENON, ROBERT JAMIE Grew 2005 FLORSESHOE DR S. #245 NAPLES, FL 34104 N. COILIERA				Street Address (P.O. Box Number is Not Acceptable)								
	MArco 3	IS/AND F.	LAND FL			y FL Zip Code						
				L					<u> </u>	1		
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												
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE												
	Filling Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contrib					5.00 May 6 dded to Fees			Make check orida Depart			
10.	OFFICERS AND DIRECTORS		11,		AC	DITIONS/CH	ANGES	TO OFFIC	ERS AND DIF	ECTORS IN	∤ 10	
TITLE	P Delete			:						☐ Change	☐ Addition	
NAME	CUSTA, JOSEPH			Ε								
STREET ADDRESS	RT #6		ET ADDRESS									
CITY-ST-ZIP			CITY	- ST - ZIP								
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NAME	BENNETT, DAVID		NAMI		Bennett, David				na Rii	10c (mur4	
STREET ADDRESS	9720 HEATHERSTONE STONE		STAE		EHRO, FL. 33928					· /21 C	JU1 /	
CITY-ST-ZIP	ESTERO, FL 33928			-ST-ZIP	EST	(280) FL	<u>-, D,</u>	<u> </u>	5		V	
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CITY-ST-ZIP	ESTERO, FL 33928	•		- ST- ZIP	ZY()	forth F	1100	379	DΩ			
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12. Thereby 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 a other like empowered.

SIGNATURE:

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90185 002 ****61.25

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