

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02184

FILED
Mar 17, 2006
Secretary of State

Entity Name: HEATHROW MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, DL 327795044

New Mailing Address:

FEI Number: 59-2388703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALLAGHER, F. MICHAEL
Address: 1312 CHESTWOOD COVE
City-St-Zip: HEATHROW, FL 32746

Title: VPD () Delete
Name: RUBIN, JOEL
Address: 745 LAKEWORTH CIR
City-St-Zip: HEATHROW, FL 32746

Title: SD () Delete
Name: LYLE, JOHN
Address: 660 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

Title: TD () Delete
Name: WHITCHURCH, WOODY
Address: 324 ASHFORD CT
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: PYLE, TERRY
Address: 680 STONEFIELD LOOP
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: GREENBAUM, LEN
Address: 1227 E LANGLEY CT
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F MICHAEL GALLAGHER

PD

03/17/2006

Electronic Signature of Signing Officer or Director

Date