

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2007 90196 035 \*\*\*\*61.25

**DOCUMENT # N02184**

1. Entity Name  
**HEATHROW MASTER ASSOCIATION, INC.**



Principal Place of Business  
**2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779**

Mailing Address  
**2180 WEST SR 434, SUITE 5000  
LONGWOOD, DL 32779-5044**

**50001290**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2388703**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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, 2007**

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 PD  
NAME GALLAGHER, F. MICHAEL ☐ Delete  
STREET ADDRESS 1312 CHESTWOOD COVE  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE VPD  
NAME GAULT, DON ☐ Change ☒ Addition  
STREET ADDRESS 1421 LANGHAM TER  
CITY-ST-ZIP HEATHROW FL 32746

TITLE VPD  
NAME RUBIN, JOEL ☒ Delete  
STREET ADDRESS 745 LAKEWORTH CIR  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE TD  
NAME MCCOY, GERRY ☐ Change ☒ Addition  
STREET ADDRESS 224 WIMBLEDON CIR  
CITY-ST-ZIP HEATHROW FL 32746

TITLE SD  
NAME LYLE, JOHN ☐ Delete  
STREET ADDRESS 660 STONEFIELD LOOP  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE D  
NAME MCKEE, JOHN ☐ Change ☒ Addition  
STREET ADDRESS 343 ASHFORD CT  
CITY-ST-ZIP HEATHROW FL 32746

TITLE TD  
NAME WHITCHURCH, WOODY ☒ Delete  
STREET ADDRESS 324 ASHFORD CT  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE D  
NAME YEASER, TOM ☐ Change ☒ Addition  
STREET ADDRESS 760 PRESERVE TER  
CITY-ST-ZIP HEATHROW FL 32746

TITLE D  
NAME PYLE, TERRY ☒ Delete  
STREET ADDRESS 680 STONEFIELD LOOP  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE D  
NAME HOLT, EDWIN ☐ Change ☒ Addition  
STREET ADDRESS 679 CRICKLEWOOD TER  
CITY-ST-ZIP HEATHROW FL 32746

TITLE D  
NAME GREENBAUM, LEN ☐ Delete  
STREET ADDRESS 1227 E LANGLEY CT  
CITY-ST-ZIP HEATHROW, FL 32746

TITLE D  
NAME MAIER, MIKE ☐ Change ☒ Addition  
STREET ADDRESS 4044 W LAKE MARY BLVD BLDG 10 STE 415  
CITY-ST-ZIP LAKE MARY FL 32746

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:

*F. Michael Gallagher, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

Date

401-333-0884

Daytime Phone #

**F. MICHAEL GALLAGHER**