

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02667 (6)

1. Corporation Name

HEATHERWOOD VILLAGE RESIDENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1925 HARDEN BLVD. LOT 119
C/O EARL R. MOSER
LAKELAND FL 338031925 HARDEN BLVD. LOT 119
C/O EARL R. MOSER
LAKELAND FL 33803-18473. Date Incorporated or Qualified
04/20/19843a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1925 Harden Blvd

26 1925 Harden Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Box 310

27 Box 310

City & State

City & State

23 Lakeland FL

28 Lakeland FL

Zip

Country

Zip

Country

24 33803

25 U.S.A.

29 33803

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSER, EARL R
1925 HARDEN BLVD, LOT 119
LAKELAND FL 33803

81 Name Elizabeth L. Bell

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

1925 Harden Blvd Lot 20

83

84 City Lakeland

FL

85 Zip Code 33803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Elizabeth L. Bell

4/21/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PARENT, SHERWOOD	
STREET ADDRESS	1925 HARDEN BLVD, LOT 1	
CITY - ST - ZIP	LAKELAND FL 33803	

1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HALLER, RALPH	
STREET ADDRESS	1925 HARDEN BLVD, LOT 97	
CITY - ST - ZIP	LAKELAND FL 33803	

2.1 TITLE	DV James Cooper	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1925 Harden Blvd Lot 97	
2.3 STREET ADDRESS	Lakeland, FL 33803	
2.4 CITY - ST - ZIP		

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KNUTH, JUNE	
STREET ADDRESS	1925 HARDEN BLVD., LOT 23	
CITY - ST - ZIP	LAKELAND FL 33803	

3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Judy Assink	
3.3 STREET ADDRESS	1925 Harden Blvd Lot	
3.4 CITY - ST - ZIP	Lakeland FL 33803	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MOSER, EARL R	
STREET ADDRESS	1925 HARDEN BLVD., LOT 119	
CITY - ST - ZIP	LAKELAND FL 33803	

4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elizabeth L. Bell	
4.3 STREET ADDRESS	1925 Harden Blvd	
4.4 CITY - ST - ZIP	Lakeland FL 33803	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCINTOSH, RICHARD	
STREET ADDRESS	1925 HARDEN BLVD, #84	
CITY - ST - ZIP	LAKELAND FL	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Jack Weaver	
5.3 STREET ADDRESS	1925 Harden Blvd Lot 164	
5.4 CITY - ST - ZIP	Lakeland, FL 33803	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDERMOTT, PHILLIP	
STREET ADDRESS	1925 HARDEN BLVD, LOT 131	
CITY - ST - ZIP	LAKELAND FL 33803	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bonnie Broxson	
6.3 STREET ADDRESS	1925 Harden Blvd Lot 283	
6.4 CITY - ST - ZIP	Lakeland, FL 33803	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Elizabeth L. Bell

4/21/97

941-687-2885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone • 0052680

CR2E037 (9/96)