


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02667** (6)

1. Corporation Name

**HEATHERWOOD VILLAGE RESIDENTS ASSOCIATION, INC.**



Principal Place of Business <b>1925 HARDEN BLVD BOX 310 LAKELAND FL 33803 US</b>		Mailing Address <b>1925 HARDEN BLVD BOX 310 LAKELAND FL 33803 US</b>		3. Date Incorporated or Qualified <b>04/20/1984</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>25</b>		4. FEI Number <b>59-2522716</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>		City & State <b>28</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>BELL, ELIZABETH L 1925 HARDEN BLVD LOT 20 LAKELAND FL 33803</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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

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 <b>DP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PARENT, SHERWOOD</b>		1.2 NAME <b>Medford Schnauber</b>	
STREET ADDRESS <b>1925 HARDEN BLVD, LOT 1</b>		1.3 STREET ADDRESS <b>1925 Harden Blvd Lot 236</b>	
CITY-ST-ZIP <b>LAKELAND FL</b>		1.4 CITY-ST-ZIP <b>Lakeland FL, 33803</b>	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOPER, JAMES</b>		2.2 NAME <b>Wayne Donaldson</b>	
STREET ADDRESS <b>1925 HARDEN BLVD LOT 99</b>		2.3 STREET ADDRESS <b>1925 Harden Blvd Lot 308</b>	
CITY-ST-ZIP <b>LAKELAND FL</b>		2.4 CITY-ST-ZIP <b>Lakeland, FL, 33803</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ASSINK, JUDY</b>		3.2 NAME	
STREET ADDRESS <b>1925 HARDEN BLVD LOT</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELL, ELIZABETH L</b>		4.2 NAME	
STREET ADDRESS <b>1925 HARDEN BLVD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEAVER, JACK</b>		5.2 NAME	
STREET ADDRESS <b>1925 HARDEN BLVD LOT 184</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BROXON, BONNIE</b>		6.2 NAME	
STREET ADDRESS <b>1925 HARDEN BLVD LOT 283</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL</b>		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 4/7/98 941-687-2885

CR2E037 (10/97)