

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90010 032 ****61.25

DOCUMENT # N02667

1. Entity Name

HEATHERWOOD VILLAGE RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1925 HARDEN BLVD
 BOX 310
 LAKELAND FL 33803
 US

1925 HARDEN BLVD
 BOX 310
 LAKELAND FL 33803-1835
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1925 Harden Blvd.

3. Mailing Address

1925 Harden Blvd

Suite, Apt. #, etc.

Box 20

Suite, Apt. #, etc.

Box 20

City & State

Lakeland Fl.

City & State

Lakeland Fl.

Zip

33803

Country

PolK

Zip

33803

Country

PolK

4. FEI Number

59-2522716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BELL, ELIZABETH L
 1925 HARDEN BLVD
 LOT 20
 LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Bell, Elizabeth (Betty)

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

1925 Harden Blvd

Lot 20

City

Lakeland

FL

Zip Code

33803

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.

SIGNATURE

Betty Bell
Elizabeth Bell Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAYNUR, KEN 1925 HARDEN BLVD. LOT 262 LAKELAND FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEAVER, JACK 1925 HARDEN BLVD. LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ASSINK, JUDY 1925 HARDEN BLVD LOT LAKELAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BELL, ELIZABETH L 1925 HARDEN BLVD LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, GRACE 1925 HARDEN BLVD. LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGBY, DAVE 1925 HARDEN BLVD LOT 61 LAKELAND FL 33803	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Donnelly, Mary 1925 Harden Blvd #14 Lakeland, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Lower Jackie 1925 Harden Blvd #161 Lakeland, FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Bell, Betty 1925 Harden Blvd #20 Lakeland FL 33803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:

Elizabeth Bell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

863-687-2885

Date

Daytime Phone #

CR2E037 (9/99)