

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90043 032 ****61.25

DOCUMENT # N02667

1. Entity Name

HEATHERWOOD VILLAGE RESIDENTS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1925 HARDEN BLVD
BOX 20
LAKELAND FL 33803
US

1925 HARDEN BLVD
BOX 20
LAKELAND FL 33803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2522716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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 DP ☐ Delete
NAME WEBER, FRED
STREET ADDRESS 1925 HARDEN BLVD #241
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME WEAVER, JACK
STREET ADDRESS 1925 HARDEN BLVD.
CITY-ST-ZIP LAKELAND FL 33803

TITLE DV ☐ Change ☐ Addition
NAME Weaver, Jack
STREET ADDRESS 1925 Harden Blvd #164
CITY-ST-ZIP Lakeland FL 33803

TITLE DS ☐ Delete
NAME BURGHDOURF, EVELYN
STREET ADDRESS 1925 HARDEN BLVD #149
CITY-ST-ZIP LAKELAND FL 33803

TITLE DS ☒ Change ☐ Addition
NAME Judi Rudolph
STREET ADDRESS 1925 Harden Blvd Lot 223
CITY-ST-ZIP Lakeland, FL 33803

TITLE DT ☐ Delete
NAME BELL, BETTY
STREET ADDRESS 1925 HARDEN BLVD #20
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SMYERS, MARGARET
STREET ADDRESS 1925 HARDEN BLVD #25
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ST. PIERRE, JOE
STREET ADDRESS 1925 HARDEN BLVD. #202
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Brian Blum RBahrB01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 863-687-2885

Date

Daytime Phone #

CR2E037 (9/01)