

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90001 009 \*\*\*\*61.25

**DOCUMENT # N02667**

1. Entity Name  
**HEATHERWOOD VILLAGE RESIDENTS ASSOCIATION,  
INC.**



Principal Place of Business  
**1925 HARDEN BLVD  
BOX 20  
LAKELAND, FL 33803 US**

Mailing Address  
**1925 HARDEN BLVD  
BOX 20  
LAKELAND, FL 33803 US**

**94001993**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004 Chg-NP

01092004 (10/03)

City & State

City & State

4. FEI Number  
**59-2522716**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elizabeth Bell*

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, 2004**

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 ☐ Delete  
NAME **DP**  
STREET ADDRESS **KLOIBER, ROSE**  
CITY-ST-ZIP **1925 HARDEN BLVD #163  
LAKELAND, FL 33803**

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

TITLE ☐ Delete  
NAME **DV**  
STREET ADDRESS **WEAVER, JACK**  
CITY-ST-ZIP **1923 GORDON BLVD STE 164  
LAKELAND, FL 33803**

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

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **RUDOLPH, JUDI**  
CITY-ST-ZIP **1925 HARDEN BLVD LOPT 223  
LAKELAND, FL 33803**

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

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

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DAVIS, JACK**  
CITY-ST-ZIP **1925 HARDEN BLVD #155  
LAKELAND, FL 33803**

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

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

TITLE ☒ Change ☐ Addition  
NAME **D Leona Clark**  
STREET ADDRESS **1925 Harden Blvd #154**  
CITY-ST-ZIP **Lakeland FL 33803**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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

*Jan 10, 2004*

*863 687-2885*

Date

Daytime Phone