2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02667

1. Entity Name

HEATHERWOOD VILLAGE RESIDENTS ASSOCIATION, INC.



FILED Feb 12, 2003 8:00 am Secretary of State

02-12-2003 90135 007 ****61.25



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Principal Place of Business 1925 HARDEN BLVD BOX 20			Mailing Address 1925 HARDEN BLVO BOX 20			-			
LAKELAND FI US	i. 338 0 3		Lakeland fl 33803 US			1 16021131 G21 802	in sinin hiira neesi taar ninii	ALDII ALDII ULDII AI	e ji e j a ji jaaj
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 59-2522716		· · · · · · · · · · · · · · · · · · ·	pplied For ot Applicable
. Zip _	····	Country	Zip	Country	حد تنبقه	. 5 Certificate of Sta	atus Desired		
	6. Name	and Address of Current F	Registered Agent		,,,		ess of New Registere		
				Name					
1925 HA	Lizabeth L Nrden Blvd			Street A	Street Address (P.O. Box Number is Not Acceptable)				
	ND FL 33803		•	City				■ Zip Coo	10
4 %		the purpose of changing its				F	┗╵		
SIGNATURE		r printed name of registered agent ar	nd title if applicable. (NOTE	:: Registered Agent signat	ure required v	when reinstating)	DATE		
- 	- -								
, 7	FILE NOW:	FEE IS \$61.25	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 DIRE	CTORS	11.	A	DDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	l 10
TITLE	DP		⊠ Delete	TITLE	90	1		Change	Addition
NAME	WEBER, FR			NAME	KIO	iber, Ro: 5 Harden	se pud H 163		
STREET ADDRESS	l .	EN BLVD #241		STREET ADDRESS	192	Harcen	3002		
CITY-ST-ZIP	LAKELAND	FL 33803		CITY-ST-ZIP	Lake	eland, Fl.	33803		
TITLE	DV MEAVED I	ACV	Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	WEAVER, J	DON_BVLD_STE_164		NAME					
CITY-ST-ZIP	LAKELAND			STREET ADDRESS					
	PAINTENAND		terental transfer de			25 2			
TITLE	DS	7 L 33003	[-	CITY-ST-ZIP	,	مهومورتسان ۱۰۰۰وم			
	DS BURGHDUR	7 T No.	☑ Delete	CITY-ST-ZIP TITLE	105	Rudoloh		Change	Addition
NAME	BURGHDUR	if, evelyn	⊠ Delete	CITY-ST-ZIP	Judi	Rudolph 5 Harden	0.05 - 7 - 7	Change	Addition
NAME Street address	BURGHDUR	IF, EVELYN DEN BLVD LOPT 223	⊠ Delete	CITY-ST-ZIP TITLE NAME	Judi	5 Harden	0.05 - 7 - 7	⊠ Change	☐ Addition
NAME Street address City-St-Zip	BURGHDUR 1925 HARE	IF, EVELYN DEN BLVD LOPT 223	·	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judi	Rudolph 5 Harden e land, Fl.	0.05 - 7 - 7		
NAME STREET ADDRESS CITY-ST-ZIP	BURGHDUR 1925 HARE LAKELAND	RF, EVELYN DEN BLVD LOPT 223 FL 33803	☑ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Judi	5 Harden	0.05 - 7 - 7	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BURGHDUR 1925 HARE LAKELAND DT BELL, BETT	RF, EVELYN DEN BLVD LOPT 223 FL 33803	·	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Judi	5 Harden	0.05 - 7 - 7		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	BURGHDUF 1925 HARE LAKELAND DT BELL, BETT 1925 HARD LAKELAND	F, EVELYN DEN BLVD LOPT 223 FL 33803 Y EN BLVD #20	·	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Judi	5 Harden	0.05 - 7 - 7		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BURGHDUF 1925 HARE LAKELAND DT BELL, BETT 1925 HARD LAKELAND D	F, EVELYN DEN BLVD LOPT 223 FL 33803 Y EN BLVD #20 FL 33803	·	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Jodi 1925 Lak	e land, Fl.	33803		☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME	BURGHDUF 1925 HARE LAKELAND DT BELL, BETT 1925 HARD LAKELAND D SMYERS, M	F, EVELYN DEN BLVD LOPT 223 FL 33803 Y EN BLVD #20 FL 33803 ARGARET	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Jodi 1925 Lak	e land, Fl.	33803	☐ Change	
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increby 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:

BIGHATIBE PREQUIRED

Feb 8 2003

863-687-2885