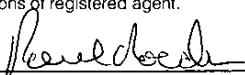
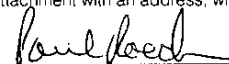


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90015 020 ****61.25

DOCUMENT # N04000000926					
1. Entity Name HEATHROW COUNTRY ESTATE HOMES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779			Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box # 21600 Covered Bridge Ln		3. Mailing Address 21600 Covered Bridge Ln			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182008 Chg-NP CR2E037 (12/06)	
City & State Sorrento, FL		City & State Sorrento, FL		4. FEI Number 20-1132299	
Zip 32776		Country Lake		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		
HART, JAMES W JR 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779			Name Paul Roecker		
			Street Address (P.O. Box Number is Not Acceptable)		
			1275 Lake Heathrow Ln		
			City Heathrow FL Zip Code 32746		
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  Paul Roecker, President					
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, 2008		9. Election Campaign Financing ☐ \$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 PD	NAME DICK, MICHAEL T	☒ Delete	TITLE PD	NAME Paul Roecker	☒ Change ☐ Addition
STREET ADDRESS 823 GRANVILLE DR	WINTER PARK, FL 32789		STREET ADDRESS 1275 Lake Heathrow Ln	Heathrow, FL 32746	
CITY - ST - ZIP	WINTER PARK, FL 32789		CITY - ST - ZIP	Heathrow, FL 32746	
TITLE VPD	NAME DEBOSH, JOE	☒ Delete	TITLE STD	NAME Christine Murnoy	☒ Change ☐ Addition
STREET ADDRESS 1275 LAKE HEATHROW LN	HEATHROW, FL 32789		STREET ADDRESS 1275 Lake Heathrow Ln	Heathrow, FL 32746	
CITY - ST - ZIP	HEATHROW, FL 32789		CITY - ST - ZIP	Heathrow, FL 32746	
TITLE STD	NAME MILLSAP, BRAD	☐ Delete	TITLE VPD	NAME Brad Millsap	☒ Change ☐ Addition
STREET ADDRESS 21600 COVERED BRIDGE LN	SORRENTO, FL 32776		STREET ADDRESS 1275 Lake Heathrow Ln	Heathrow, FL 32746	
CITY - ST - ZIP	SORRENTO, FL 32776		CITY - ST - ZIP	Heathrow, FL 32746	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	CITY - ST - ZIP		STREET ADDRESS	CITY - ST - ZIP	
CITY - ST - ZIP	CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Paul Roecker President 2-19-08 407 3331400					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					