

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90208 001 \*\*\*\*61.25

<b>DOCUMENT # N04000010331</b>					
<b>1. Entity Name</b> HEATHERBROOKE ESTATES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 105 E. ROBINSON STREET SUITE 312 ORLANDO, FL 32801 US			<b>Mailing Address</b> 105 E. ROBINSON STREET SUITE 312 ORLANDO, FL 32801 US		
<b>2. Principal Place of Business</b> 1750 W. BROADWAY STREET Suite, Apt. #, etc. 118 City & State OVIEDO FL Zip 32766 Country US		<b>3. Mailing Address</b> 1750 W. BROADWAY ST. Suite, Apt. #, etc. 118 City & State OVIEDO FL Zip 32766 Country US			
<b>4. FEI Number</b> 59-3799635				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROBERTS, DANIEL 111 N. ORANGE AVE, STE. 1040 ORLANDO, FL 32801			<b>7. Name and Address of New Registered Agent</b> Name KEVIN M. DAVIS Street Address (P.O. Box Number is Not Acceptable) COMMUNITY MGMT. SPECIALISTS, INC. 1750 W. BROADWAY ST. #118 City OVIEDO FL Zip 32766		
<b>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.</b> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <b>SIGNATURE</b>   <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;">                 (NOTE: Registered Agent signature required when reinstating)             </div> <div style="width: 20%; text-align: right;">                 DATE 4/26/06             </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> FRANKS, COLBY <b>STREET ADDRESS</b> 11315 CORPORATE BLVD., SUITE 250 <b>CITY-ST-ZIP</b> ORLANDO, FL 32817	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> HAWKS, CANDICE <b>STREET ADDRESS</b> 111 N. ORANGE AVENUE, STE 1040 <b>CITY-ST-ZIP</b> ORLANDO, FL 32801	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S/T <b>NAME</b> LEVAK, MICHAEL <b>STREET ADDRESS</b> 11315 CORPORATE BLVD., SUITE 250 <b>CITY-ST-ZIP</b> ORLANDO, FL 32817	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			Date 4/26/06 Daytime Phone # 407-359-2202		