

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90282 010 ****61.25

DOCUMENT # N05000012483

1. Entity Name
 HEATHERWOOD AT LAKE JESUP HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 237 WESTMONTE DRIVE SUITE 111
 ALTAMONTE SPRINGS, FL 32714

Mailing Address
 237 WESTMONTE DRIVE SUITE 111
 ALTAMONTE SPRINGS, FL 32714

20021391



2. Principal Place of Business
 5401 S KIRKMAN Rd

3. Mailing Address

Suite, Apt. #, etc.
 450

Suite, Apt. #, etc.

03172006 Chg-NP CR2E037 (11/05)

City & State
 Orlando FL

City & State

FEI Number
 20-3743505

Applied For
 Not Applicable

Zip
 32819

Country
 USA

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
 5401 S KIRKMAN ROAD SUITE 450
 ORLANDO, FL 32819

7. Name and Address of New Registered Agent

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

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, 2006

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DANA A	
STREET ADDRESS	237 WESTMONTE DRIVE SUITE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLS, ERIC K	
STREET ADDRESS	237 WESTMONTE DRIVE SUITE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGUIRE, COLLEEN	
STREET ADDRESS	237 WESTMONTE DRIVE SUITE 111	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Eric Wills*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-06 407/ 503-9969

Date

Daytime Phone

#105