



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90073 011 ****61.25

DOCUMENT # N05000012483							
1. Entity Name HEATHERWOOD AT LAKE JESSUP HOMEOWNERS ASSOCIATION, INC. <i>Jessup</i>							
Principal Place of Business 5401 S. KIRKMAN RD 450 ORLANDO, FL 32819		Mailing Address 5401 S. KIRKMAN RD 450 ORLANDO, FL 32819					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>suite 450</i>				01242007 Chg-NP CR2E037 (12/06)	
City & State		City & State				4. FEI Number 20-3743505 Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S KIRKMAN ROAD SUITE 450 ORLANDO, FL 32819			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	BENNETT, DANA A	NAME	Francis J. Constable				
STREET ADDRESS	237 WESTMONTE DRIVE SUITE 111	STREET ADDRESS	5577 Oakworth Place				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Sanford, FL 32773				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	WILLS, ERIC K	NAME	Trevor A. Hampton				
STREET ADDRESS	237 WESTMONTE DRIVE SUITE 111	STREET ADDRESS	5580 Oakworth Place				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Sanford, FL 32773				
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	MAGUIRE, COLLEEN	NAME	Deborah Spitzer				
STREET ADDRESS	237 WESTMONTE DRIVE SUITE 111	STREET ADDRESS	5513 Oakworth Place				
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	CITY-ST-ZIP	Sanford, FL 32773				
TITLE	<input type="checkbox"/> Delete	TITLE	T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	Nicole Williams				
STREET ADDRESS		STREET ADDRESS	5581 Oakworth Place				
CITY-ST-ZIP		CITY-ST-ZIP	Sanford, FL 32773				
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME		NAME	Kevin Miles				
STREET ADDRESS		STREET ADDRESS	1727 Billie Lynn Point				
CITY-ST-ZIP		CITY-ST-ZIP	Sanford, FL 32773				
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
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: <i>Frank Constable</i>			Date _____ Daytime Phone # _____				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							