


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> | | | |
| City & State | | City & State | | | |
| Zip | | Country | | 4. FEI Number 20-3743505 | |
| | | | | Applied For Not Applicable | |
| | | | | 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 | | | | | |