2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2008 8:00 am Secretary of State 04-16-2008 90014 014 ****61.25

| DOCUMENT # N05000012483 1. Entity Name HEATHERWOOD AT LAKE JESSUP HOMEOWNERS ASSOCIATION, INC. | | | | | | | 04-16-2008 9 | | ****61.2 | 25 |
|--|--|---------------------|---|--|--|---|---------------------------|---|------------------------|--|
| Principal Place of Business 5401 S. KIRKMAN RD 450 ORLANDO, FL 32819 | | 5401 450 | Mailing Address 5401 S. KIRKMAN RD 450 ORLANDO, FL 32819 | | | | 6002378 | | | 1101 d) 182) |
| 2 Principal P | lace of Business - No P.O. Box # | 3 Maili | ng Address | | | | | | | |
| z. Frincipal F | HACE OF BUSINESS - INC P.O. DOX # | J. Maii | ng Address | | | | OIAI CILLI MARIE MARIE AC | III BRIRI IIRIN IINII | | |
| Suite, Apt. #, etc. | | Sui | Suite, Apt. #, etc. | | | | Chg-NP | CR2E037 | (12/06) | |
| City & State | | City | City & State | | | | 505 | | | plied For t Applicable |
| Zip | Zip Country | | Zip Co | | untry | - | f Status Desired | | 8.75 Add | itional |
| | 6. Name and Address of Curren | t Registere | d Agent | | | 7. Name and A | Address of New I | | | |
| COMMUNI | ITY MANAGEMENT PROFES | SIONALS | SINC | | Name | | | | | |
| 5401 S KIF | RKMAN ROAD SUITE 450 D. FL 32819 | SOIOIVAL | 3, 11 4 C. | | Street Addre | ess (P.O. Box Number | is Not Acceptabl | e) | | |
| CNEWDO | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | |
| | *; | | | | City | | | FL | Zip Code | 9 |
| | named entity submits this statement lions of registered agent. | | ose of changing its | register | ea onice or reg | gistered agent, or both | , in the State of F | onoa. Familar | maar with, | and accept |
| | Signature, typed or printed name of registered age | nt and title if app | icabie. (NOT | E: Registere | d Agent signature re | equired when reinstating) | | DATE | | |
| | Filling Fee is \$61.25 Due by May 1, 2008 | nt and tille if app | 9. Election Car Trust Fund (| npaign f | inancing | \$5.00 May Be Added to Fees | | Make check prida Departn | | |
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Indicated on this report or supplied with this limits does not qualify for the exhibitors contained in Chapter 119, Florida Statutes. From the certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the receiver or trustee amowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #