2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012483

FILED Jan 13, 2009 Secretary of State

Entity Name: HEATHERWOOD AT LAKE JESSUP HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5401 S. KIRKMAN RD 5401 S. KIRKMAN RD 450 STE.450 ORLANDO, FL 32819 ORLANDO, FL 32819 **Current Mailing Address:** New Mailing Address: 5401 S. KIRKMAN RD 5401 S. KIRKMAN RD STE.450 ORLANDO, FL 32819 ORLANDO, FL 32819 FEI Number: 20-3743505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COMMUNITY MANAGEMENT PROFESSIONALS, INC. COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S KIRKMAN ROAD SUITE 450 5401 S KIRKMAN ROAD ORLANDO, FL 32819 STE. 450 ORLANDO, FL 32819 US 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. SIGNATURE: KAREN SFARA 01/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HAMPTON, TREVOR A CONSTABLE, FRANK Name: Name: 5580 OAKWORTH PL Address: 5577 OAKWORTH PLACE Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: SANFORD, FL 32773 Title: SD () Delete Title: (X) Change () Addition SPITZER, DEBORAH Name: OHALEK, CHRIS Name: Address: 5513 OAKWORTH PL Address: 5521 OAKWORTH PLACE City-St-Zip: SANFORD, FL 32773 City-St-Zip: SANFORD, FL 32773 Title: () Delete Title: (X) Change () Addition OHALCK, CHRIS SPITZER, DEBORAH Name: Name: 5521 OAKWORTH PLACE 5513 OAKWORTH PLACE Address: Address: City-St-Zip: SANFORD, FL 32773 City-St-Zip: SANFORD, FL 32773 Title: () Delete Title: () Change (X) Addition Name: Name: MAHONEY, DANIELLE 5517 OAKWORTH PLACE Address: Address: City-St-Zip: City-St-Zip: SANFORD, FL 32773 Title: () Delete Title: () Change (X) Addition WILLIAMS, MATTHEW Name: Name: 5581 OAKWORTH PLACE Address: Address: City-St-Zip: City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK CONSTABLE P 01/13/2009