

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012483

FILED  
Apr 06, 2010  
Secretary of State

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

**Current Principal Place of Business:**

5401 S. KIRKMAN RD  
STE. 450  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5401 S. KIRKMAN RD  
STE. 450  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 20-3743505      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CONSTABLE, FRANK  
Address: 5577 OAKWORTH PLACE  
City-St-Zip: SANFORD, FL 32773

Title: VP  
Name: OHALEK, CHRIS  
Address: 5521 OAKWORTH PLACE  
City-St-Zip: SANFORD, FL 32773

Title: S  
Name: SPITZER, DEBORAH  
Address: 5513 OAKWORTH PLACE  
City-St-Zip: SANFORD, FL 32773

Title: T  
Name: MAHONEY, DANIELLE  
Address: 5517 OAKWORTH PLACE  
City-St-Zip: SANFORD, FL 32773

Title: D  
Name: ESPAILLAT, DORI  
Address: 5544 OAKWORTH PLACE  
City-St-Zip: SANFORD, FL 32773

I hereby 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 all other like empowered.

SIGNATURE: FRANK CONSTABLE

P

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date