2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N06000000006

Entity Name: LAKE HEINIGER ESTATES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DRIVE
SUITE 3300
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

225 S WESTMONTE DRIVE
SUITE 3300
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 04-3837803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTENSEN, JOHN F
225 S WESTMONTE DRIVE
SUITE 3300
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

WOMACK, ELLEN R
225 S WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R. WOMACK 04/26/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHRISTENSEN, JOHN F
Address: 225 S WESTMONTE DRIVE, SUITE 3300
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD ( ) Delete
Name: LAWSON, E BRUCE
Address: 225 S WESTMONTE DRIVE, SUITE 3300
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD ( ) Delete
Name: JUSTICE, LYNETTE
Address: 225 S WESTMONTE DRIVE, SUITE 3300
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LAWSON, BRUCE
Address: 225 S WESTMONTE DRIVE, SUITE 3300
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VPD (X) Change ( ) Addition
Name: SCHAFRATH, JERRY
Address: 225 S WESTMONTE DRIVE, SUITE 3300
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: STD (X) Change ( ) Addition
Name: ULLMAN, BECKY
Address: 225 S WESTMONTE DRIVE, SUITE 3300
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: ELLEN R. WOMACK A 04/26/2007
Electronic Signature of Signing Officer or Director Date