

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002544

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: HEALD HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

15105-2 PINE MEADOWS  
FORT MYERS, FL 33908

## New Principal Place of Business:

5230-2 CLAYTON COURT  
FORT MYERS, FL 33907

## Current Mailing Address:

15105-2 PINE MEADOWS  
FORT MYERS, FL 33908

## New Mailing Address:

P. O. BOX 07189  
FORT MYERS, FL 33919

FEI Number: 20-8741535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUPRENARD, RAY  
15105-2 PINE MEADOWS DRIVE  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

PANKOW, JACK  
5230-2 CLAYTON COURT  
FORT MYERS, FL 33907 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: JACK PANKOW

03/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOORE, DAVID A  
Address: 15105-2 PINE MEADOWS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: ST ( ) Delete  
Name: LOESKE, WILLIAM  
Address: 15105-2 PINE MEADOWS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Delete  
Name: SUPRENARD, RAY  
Address: 15105-2 PINE MEADOWS DRIVE  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MOORE, DAVID A  
Address: 5230-2 CLAYTON COURT  
City-St-Zip: FORT MYERS, FL 33907

Title: ST (X) Change ( ) Addition  
Name: LOESKE, WILLIAM  
Address: 5230-2 CLAYTON COURT  
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID A MOORE

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date