

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002544

FILED
Mar 12, 2012
Secretary of State

Entity Name: HEALD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5230-2 CLAYTON COURT
FORT MYERS, FL 33907

New Principal Place of Business:

13433-04 HEALD LN
FORT MYERS, FL 33908

Current Mailing Address:

P. O. BOX 07189
FORT MYERS, FL 33919

New Mailing Address:

P. O. BOX 07114
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:

PANKOW, JACK
5230-2 CLAYTON COURT
FORT MYERS, FL 33907 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: VP
Name: KIBLER, MICHAEL
Address: 13433-04 HEALD LN
City-St-Zip: FORT MYERS, FL 33908

Title: STR
Name: LOESEKE, WILLIAM
Address: 5230-2 CLAYTON COURT
City-St-Zip: FORT MYERS, FL 33907

Title: PRES
Name: PEARCE, STELLA
Address: 5186 SEABELL RD
City-St-Zip: SANIBEL ISLAND, FL 33957

Title: VP
Name: CAMARCA, VINCE
Address: 13433-02 HEALD LN
City-St-Zip: FT MYERS, FL 33908

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: WILLIAM H LOESEKE

STR

03/12/2012

Electronic Signature of Signing Officer or Director

Date