


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90016 040 ****61.25

DOCUMENT # N08534 1. Entity Name LAKE HEATHER HEIGHTS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2376 LAKE HEATHER HEIGHTS CT. DUNEDIN, FL 34698 US			Mailing Address P O BOX 1156 DUNEDIN, FL 34697		
2. Principal Place of Business		3. Mailing Address 40347 US 19 N Suite, Apt. #, etc. Ste 229			
Suite, Apt. #, etc.		City & State Tarpon Springs FL			
City & State		4. FEI Number 59-3310128		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		01182006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent RANALLO, JIM 1388 OVERLASH DR DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name RANALLO, JIM Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N Ste 229 City Tarpon Springs FL Zip Code 34689		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>J. Rallo</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/18/06</u>					
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, MARCIA 2394 LAKE HEATHER HEIGHTS CT. DUNEDIN, FL 34698	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAMITSOS, ALEC 836 DONFORTH AVE TORONTO, ONT M1J1L6	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWELL, THOMAS 8281 COOLEY BEACH DR WHITE LAKE, MI 48386	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYATT, BARBARA 2319 LAKE HEATHER HEIGHTS CT DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATWOOD, DAWN 2310 LAKE HEATHER HEIGHTS CT DUNEDIN, FL 34698	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATWOOD, DAWN 2310 LAKE HEATHER HEIGHTS CT DUNEDIN, FL 34698	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SVPD WATSON, MARCIA 2394 Lake Heather Hts. Ct. Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, TONIE 2382 LAKE HEATHER HTS. CT. DUNEDIN, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATKINS, BARBARA 2315 LAKE HEATHER HTS. CT. Dunedin, FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATWOOD, DAWN 2310 LAKE HEATHER HEIGHTS CT DUNEDIN, FL 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHATWOOD, DAWN 2310 LAKE HEATHER HEIGHTS CT DUNEDIN, FL 34698	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Marcia Watson</u> Date <u>7-27-958-7730</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					