


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90174 034 ****61.25

DOCUMENT # N15244 1. Entity Name HEATHER COVE OF NEW PORT RICHEY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 671-EMBASSY BLVD SUITE 204 PORT RICHEY, FL 34668			Mailing Address PO BOX 1407 PORT RICHEY, FL 34673 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3055818	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYSZKOWIAK, MARY ANN 6710 EMBASSY BLVD SUITE 204 PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent Name <u>MYSZKOWIAK MARY ANN</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GUSTAFAN, SANDY 5537 SEA FOREST DR, 308 NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Jim Colvin 5557 Sea Forest Dr 310 New Port Richey FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAILAMAI, JULIE 5537 SEA FOREST DR, 324 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NORTON, ANN 5557 SEA FOREST 31B NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD John Roberts 5567 Sea Forest Dr #325 New Port Richey FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLASER, JERRY 5537 SEA FOREST DR, 219 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CLAIR, MARY 5587 SEA FOREST DRIVE #126 NEW PORT RICHEY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Vic Hubner 5567 Sea Forest Dr #326 New Port Richey FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GALLANTE, ANDY 5557 SEA FOREST DR., #317 NEW PORT RICHEY, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Dona Rose 5557 Sea Forest Dr. 218 New Port Richey FL 34652
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 418, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;"> 4/3/07 <small>Date</small> </div>					