


2009 **NOT-FOR-PROFIT CORPORATION**
ANNUAL REPORT

DOCUMENT # N19914	
1. Entity Name HEATHER RUN PROPERTY OWNERS' ASSOCIATION, INC.	

FILED

09 JAN 16 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US	Mailing Address 300 AVE OF CHAMPIONS PALM BEACH GARDENS, FL 33418 US
--	--

United Community Mgt Corp.

2. Principal Place of Business - No P.O. Box # 11784 W. Sample Rd Suite, Apt. #, etc. # 103	3. Mailing Address 11784 W. Sample Rd Suite, Apt. #, etc. # 103
---	---

City & State Coral Springs, FL	City & State Coral Springs, FL
-----------------------------------	-----------------------------------

Zip 33065	Country USA	Zip 33065	Country USA
--------------	----------------	--------------	----------------

10182008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0045650	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

QUEEN, SUSAN M 300 AVE OF CHAMPIONS SUITE 29 PALM BEACH GARDENS, FL 33418
--

7. Name and Address of New Registered Agent

Name <i>United Community Mgt Corp.</i>
Street Address (P.O. Box Number is Not Acceptable) 11784 W. Sample Rd, #103
City Coral Springs FL
Zip Code 33065

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 <i>Doree Campbell U.P. Finance United Comm Mgmt 12/21/08</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
---	--	------

Amended AR is \$61.25	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	P ALBIS, DOMINICK 300 AVE OF CHAMPIONS STE 120 PALM BEACH GDNS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hyman Gluch 300 Avenue of the Champions Ste 120 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONNELLY, ELLEN 300 AVE OF CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600139355686 12/30/08--01033--005 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENBERG, JORGE 300 AVE OF CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418 <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	D APPLEBAUM, BARRY 300 AVE OF CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418 <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	T TABONY, DAVID 300 AVE OF CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418 <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	D PETERSON, KENNETH 300 AVE OF CHAMPIONS STE 120 PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>D. P. Albis</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
----------------------------------	--	------	-----------------