

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20096

FILED
Mar 17, 2006
Secretary of State

Entity Name: RACQUET CLUB VILLAS AT HEATHROW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2912844 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: HIGH, CHARLES
Address: 231 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: STEELE, ELIZABETH
Address: 121 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

Title: VPD () Delete
Name: ROTTINGER, RENATA
Address: 239 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

Title: STD () Delete
Name: STRANG, LORNA
Address: 248 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: GUCKERT, JOHN
Address: 112 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

Title: D (X) Delete
Name: BARWICK, BILL
Address: 240 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HALEY, SUZANNE
Address: 113 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

Title: VPD (X) Change () Addition
Name: STEELE, ELIZABETH
Address: 121 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

Title: STD (X) Change () Addition
Name: MYER, DON
Address: 117 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

Title: D (X) Change () Addition
Name: BURKE, JOHN
Address: 108 WIMBLEDON CIR
City-St-Zip: HEATHROW, FL 32746

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SUZANNE HALEY

PD

03/17/2006

Electronic Signature of Signing Officer or Director

Date