2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20096

FILED Apr 16, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2180 W SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 W SR 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 59-2912844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR HART, JAMES W JR 2180 W SR 434 STE 5000 SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US LONGWOOD, FL 32779 US 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: JAMES W HART JR 04/16/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HALEY, SUZANNE Name: Name: 113 WIMBLEDON CIR Address: Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: Title: () Delete Title: (X) Change () Addition BESSETTE, LEO II Name: DUERK, ALENE Name: Address: 1541 CHERRY RIDGE DR. Address: 260 WIMBLEDON CIR City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: HEATHROW, FL 32746 Title: STD Title: () Change () Addition () Delete MYER, DON Name: Name: 117 WIMBLEDON CIR Address: Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition Name: BURKE, JOHN Name: BURKE, JOHN 108 WIMBLEDON CIR Address: Address: 108 WIMBLEDON CIR City-St-Zip: HEATHROW, FL 32746 City-St-Zip: HEATHROW, FL 32746 Title: () Delete Title: () Change () Addition GUCKERT, JOHN Name: Name: 112 WIMBLEDON CIR Address: Address: City-St-Zip: HEATHROW, FL 32746 City-St-Zip: Title: (X) Delete Title: () Change () Addition SMITH, BRAD Name: Name: Address: 125 WIMBLEDON CIRCLE Address: HEATHROW, FL 32746 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 04/16/2008