


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N23463</b> 1. Entity Name <b>HEATHERWOOD PLACE HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>639 MICHIGAN BLVD, #200 DUNEDIN, FL 34698</b>	Mailing Address <b>639 MICHIGAN BLVD, #200 DUNEDIN, FL 34698</b>
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>74-3157458</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**PARKINSON, CONNIE S  
639 MICHIGAN BLVD, #200  
DUNEDIN, FL 34698**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKINSON, CONNIE S 639 MICHIGAN BLVD, #200 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERNER, STEVE 639 MICHIGAN BLVD, #400 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERKINS, SHAWN 639 MICHIGAN BLVD, #700 DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/07-80013-008 61.25

**DO NOT WRITE  
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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:** Connie S. Parkinson 2/10/07 727-736-2976  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Connie S. Parkinson