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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N23592

1. Corporation Name

(1)

HEATHERWOOD SOCIAL CLUB, INC.

					EL B'IGHE BLUSH BLUH BLUH BLU		
Principal Place	of Business	Mailing Address					
C/O JUDITH A. ASSINK C/O JUDITH A. ASSINK			_				
1925 HARDEN BLVD., #253		1925 HARDEN BLVD #253					
LAKELAND FL 33803-1850 US		LAKELAND FL 33803-1850 US		3. Date incorporated or Qualified 11/17/1987	3a. Date of Last Re 02/01/199	eport 15	
2. Principa! Pla	ace of Business	2a. Mailing Address		4. FEI Number	 - - 	plied For	
21		26		59-2988630		t Applicable	
Suite, Apt #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 / Fee Re	Additional equired	
City & State		City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added		
Zip	Country	Zip	Country	This corporation has liability for in Florida Statutes	tangible tax under s. 1 Yes M No	99.032,	
24	9. Name and Address of Current	 	30	10. Name and Address of New Re			
	9. Name and Address of Current	r negistored Agent	81 Name				
ACCIMIV	ILIDITU A			LL VEO De Niverbor is Not Accortable	·		
assink, judith a 1925 Harden Blyd.			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)			
#253	ADEN DEVD.		83				
#253 LAKELAND FL 33803					es 7××	Code	
PAVERAIL	IV I L 33000		84 City	•	FL 85 Zip	Code	
11. Pursuant t	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purp	ose of changing its reg	gistered office	
or register	ed agent, or both, in the State of Floric th, and accept the obligations of, Section	ia. Such change was authorized	i by the corporation's t	poration sabrinis this statement for the parpoint of directors. Thereby accept the appoint	ntment as registered a	gent. i am	
SIGNATURF _	Supature, typind or printed name of registered ago it.	and title it annihoat-lic NOTE	Figstered Agent signature re-	quired when reinstating)	DATL		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	DELETE	1.1 TIT ₄ E	PD	🔀 Change	Addition Addition	
NAME	ELLEDGE, LOYD		1.2 NAME	Stracqualursi, Paul			
STREET ADDRESS	1925 HARDEN BLVD, #294		1 3 STREET ADDRESS	1925 Harden Blvd.,#4	3		
CITY - ST - ZIP	LAKELAND FL		14 CITY - ST - ZIP	Lakeland Fl			
TITLE	VD	DELETE	2 1 TITLE	VI) White, Betty	Change	☐ Addition	
NAME	STRACQUALURSI, PAUL		22 NAME	1925 Harden Blvd.,#	100		
STREET ADDRESS	1925 HARDEN BLVD #48		2 3 STREET ADDRESS		197		
CITY-SI-2IP	LAKEŁAND FL		2 4 CHTY - ST - ZIP	Lakeland Fl		□ Addition	
THILE	TD	DELETE	3 1 TITLE		☐ Change	Addition Addition	
NAME	HANSBURY SALLY		3 2 NAME				
STREET ADDRESS	1925 HARDEN BLVD, #238		3.3 STREET ADDRESS				
C-TY - ST - ZiP	LAKELAND FL	Fig. cre	3.4. C(TY - \$1 - Z(P)		Change	Addition	
TITLE	SD	[] DELETE	4 1 TITLE		[_] Onange	LI MURIO	
NAME	ASSINK, JUDITH		4 2 NAME				
STREET ADDRESS	1925 HARDEN BLVD., #253		4.3 STREET ADDRESS				
CITY - ST - ZIP	LAKELAND FL	There is a	4.4 CITY - ST - ZIP		☑ Change	Addition	
TITLE	D WILITE DETTY	DELETE	51 TITLE	D Tarana a samata	EQ ontaingo		
NAME	WHITE, BETTY		5.2 NAME	Jones, ennis	0.0		
STREET ADDRESS	1925 HARDEN BLVD.		5.3 STREET ADORESS	1925 Harden Blvd.,#1	02		
CiTY-ST-ZiP	LAKELAND FL	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Lokel nd Fl	Change	Addition	
TITLE	D MANUV IOE	Morreig	62 NAME				
NAME	MANIX, JOE 1925 HARDEN BLVD, #168		6.3 STREET ADDRESS				
STREET ADDRESS	LAKELAND FL						
CITY-ST-ZIP		with this files is voluntarily furnis	64 CHY+ST-ZIP	lify for the exemption stated in Section 119.0	7(3)(k). Florida Statute	s. I further	

It do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(8). Florida Statutes i furnier certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORET L. Cusuk Judith a. Assink

1-24-96 941-533-0444 Date: Paytine Proce #

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