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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23592** (1)

1. Corporation Name

HEATHERWOOD SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

C/O JUDITH A. ASSINK
1925 HARDEN BLVD., #253
LAKELAND FL 33803-1850
US

C/O JUDITH A. ASSINK
1925 HARDEN BLVD., #253
LAKELAND FL 33803-1850
US

3. Date Incorporated or Qualified

11/17/1987

4. FEI Number

59-2988630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSINK, JUDITH A
1925 HARDEN BLVD.
#253
LAKELAND FL 33803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Judith A. Assink
Signature, typed or printed name of registered agent and title if applicable.

Judith A. Assink
(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STRA	<input type="checkbox"/> DELETE
NAME	CQUALURSI, PAUL	
STREET ADDRESS	1925 HARDEN BLVD #294	
CITY-ST-ZIP	LAKELAND FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, DENNIS	
STREET ADDRESS	1925 HARDEN BLVD #182	
CITY-ST-ZIP	LAKELAND FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HANSBURY SALLY	
STREET ADDRESS	1925 HARDEN BLVD, #238	
CITY-ST-ZIP	LAKELAND FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ASSINK, JUDITH	
STREET ADDRESS	1925 HARDEN BLVD., #253	
CITY-ST-ZIP	LAKELAND FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOIACANO, JIM	
STREET ADDRESS	1925 HARDEN BLVD #193	
CITY-ST-ZIP	LAKELAND FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MANIX, JOE	
STREET ADDRESS	1925 HARDEN BLVD, #168	
CITY-ST-ZIP	LAKELAND FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	ARION, JOAN
2.4 CITY-ST-ZIP	1925 HARDEN BLVD., #13

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAKELAND FL
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	MIDDENDORF, ROBERT
5.4 CITY-ST-ZIP	1925 HARDEN BLVD. #53

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	BILITI, JACKIE
6.4 CITY-ST-ZIP	1925 HARDEN BLVD. #72

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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:

Judith A. Assink
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054751

CR2E037 (10/97)