2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26071

FILED Mar 04, 2009 Secretary of State

Entity Name: HEATHER RIDGE I OF BROOKSHIRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 65-0105793 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 SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DEHUS, ROGER DEHUS, ROGER Name: Name: 6879 PENTLAND WAY, #62 Address: 6879 PENTLAND WAY, #62 Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: (X) Change () Addition SCHMIDT, PENELOPE Name: SCHMIDT, PENELOPE Name: Address: 6851 PENTLANND WAY, #12 Address: 6851 PENTLANND WAY, #12 City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: () Change () Addition SLINGERLAND, SUSAN Name: Name: 6887 PENTLAND WY #81 Address: Address: City-St-Zip: FORT MYERS, FL 33966 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: HIGGINS, RICHARD 6855 PENTLAND WY #21 Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33966 Title: () Delete Title: () Change (X) Addition WASHINGTON, PATRICIA Name: Name: 6855 PENTLAND WY #22 Address: Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33966

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: ROGER DEHUS PD 03/04/2009