



FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90015 007 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N27820 1. Entity Name HEATHER DOWNS NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HWY TAMPA, FL 33624 US			Mailing Address 4131 GUNN HWY TAMPA, FL 33624 US		
2. Principal Place of Business - No P.O. Box # 8818 HEATHER GLEN CT Suite, Apt. #, etc.		3. Mailing Address 8818 HEATHER GLEN CT Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 65-0166915	
Zip 33647		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TANKEL, ROBERT L 1022 MAIN STREET SUITE D DUNEDIN, FL 34698				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Alan M. Donn</u> ALAN M. DONN, PRESIDENT 7/1/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SON, ALAN M 8818 HEATHER GLEN CT TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DONN, ALAN M		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOX, KEITH 17408 HEATHER OAKS PL TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, LEE 8818 HEATHER OAKS PL TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S BOYLES, KEN 17418 HEATHER OAKS PLACE TAMPA, FL 33647		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, RICK 8805 HEATHER GLEN CT TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKETT, MARGARET 17412 HEATHER OAKS PL TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JOHNSON, BILL 8812 HEATHER GLEN CT TAMPA, FL 33647		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D YU, PING 17414 HEATHER OAKS PL TAMPA, FL 33647		

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: Alan M. Donn **ALAN M. DONN, PRES** **7/1/08** **813 - 907-0573**