

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27820

FILED
Jan 09, 2009
Secretary of State

Entity Name: HEATHER DOWNS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

8818 HEATHER GLEN CT
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

8818 HEATHER GLEN CT
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 65-0166915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANKEL, ROBERT L
1022 MAIN STREET SUITE D
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: DONN, ALAN M
Address: 8818 HEATHER GLEN CT
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: FOX, KEITH
Address: 17408 HEATHER OAKS PL
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: JOSEPH, RICK
Address: 8805 HEATHER GLEN CT
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: BOYLES, KEN
Address: 17418 HEATHER OAKS PL
City-St-Zip: TAMPA, FL 33647

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BOYLES, KEN
Address: 17418 HEATHER OAKS PL
City-St-Zip: TAMPA, FL 33647

Title: D () Change (X) Addition
Name: JOHNSON, BILL
Address: 8812 HEATHER GLEN CT.
City-St-Zip: TAMPA, FL 33647

Title: D () Change (X) Addition
Name: YU, PING
Address: 17414 HEATHER OAKS PL
City-St-Zip: TAMPA, FL 33647

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: ALAN M DONN

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date