

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32331

FILED
Mar 17, 2006
Secretary of State

Entity Name: HEATHROW WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2979247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 WEST SE 434 STE. 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: NYE, T AVERY
Address: 281 NEW GATE LP
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: DAYTON, PETER
Address: 1647 BRIDGEWATER DR.
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: ALLEN, CATHARINE
Address: 251 SNOWFIELDS RUN
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: ALPER, JON
Address: 274 KIPLING CT
City-St-Zip: HEATHROW, FL 32746

Title: STD () Delete
Name: SWARTZ, GREG
Address: 252 SNOWFIELDS RUN
City-St-Zip: HEATHROW, FL 32746

Title: VPD () Delete
Name: RIESBECK, BRYAN
Address: 1917 BRIDGEWATER DR
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ARCHER, BILL
Address: 1929 BRIDGEWATER DR
City-St-Zip: HEATHROW, FL 32746

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: T AVERY NYE

PD

03/17/2006

Electronic Signature of Signing Officer or Director

Date