

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90105 047 \*\*\*\*61.25

<b>DOCUMENT # N34892</b> 1. Entity Name <b>HEATHER NEIGHBORHOOD CRIME WATCH, INC.</b>					
Principal Place of Business <b>9100 NAKOMA WAY BROOKSVILLE, FL 34613</b>			Mailing Address <b>9100 NAKOMA WAY BROOKSVILLE, FL 34613</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3009194</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRACE, PAUL 7393 GALLOWAY RD WEEKI WACHEE, FL 34613</b>				7. Name and Address of New Registered Agent Name <b>Stephen Trembath</b> Street Address (P.O. Box Number is Not Acceptable) <b>8000 Victoria Way</b> City <b>Weeki Wachee</b> <b>FL</b> Zip Code <b>34613</b>	
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>Stephen J Trembath</u> <u>Stephen J Trembath</u> <u>4/14/05</u> <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 <u>\$61.25</u> Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TOREEGROSSA, TONY 8016 ROXBURGH CT. WEEKI WACHEE, FL 34613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRACE, PAUL 7393 GALLOWAY ROAD WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - (DY) <b>William Brown</b> <b>7980 Victoria Way</b> <b>Weeki Wachee, FL 34613</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. CUMMINS, R C 9050 BONNET WAY WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (T) <b>Earnst Ramondi</b> <b>7239 Galloway Rd</b> <b>Weeki Wachee, FL 34613</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ABDO, MARYELLEN 7432 ALLEN DR. WEEKI WACHEE, FL 34613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOGAN, RON 7486 ABINGTON WAY WEEKI WACHEE, FL 34613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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.					
<b>SIGNATURE: <u>Stephen J Trembath</u> <u>Stephen J Trembath</u> <u>4/14/05</u> <u>352-596-3425</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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