

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90028 005 ****61.25

DOCUMENT # N34892 1. Entity Name HEATHER NEIGHBORHOOD CRIME WATCH, INC.			
Principal Place of Business 9100 NAKOMA WAY BROOKSVILLE, FL 34613		Mailing Address 9100 NAKOMA WAY BROOKSVILLE, FL 34613	
2. Principal Place of Business 9100 NAKOMA WAY Suite, Apt. #, etc. BROOKSVILLE City & State FL		3. Mailing Address Suite, Apt. #, etc. City & State Zip 34613 Country HERNANDO	
4. FEI Number 59-3009194		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08112006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent TREMBATH, STEPHEN 8000 VICTORIA WAY WEEKI WACHEE, FL 34613		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><i>Ernest F. Raimondi</i></u> DATE <u><i>Aug, 17/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 6, 2006		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	DVP TOREGROSSA, TONY 8016 ROXBURGH CT. WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D BROWN, WILLIAM 7980 VICTORIA WAY WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete	PRESIDENT STEVE TREMBATH 8000 VICTORIA WAY WEEKI WACHEE FL, 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TRES RAMONDI, EARNT 7239 GALLOWAY RD WEEKI WACHEE, FL 34613	<input type="checkbox"/> Delete	BOARD MICHAEL LAGRECO 7424 HEATHER WALK DR. WEEKI WACHEE FL, 34613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DS ABDO, MARYELLEN 7432 ALLEN DR. WEEKI WACHEE, FL 34613	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT HOGAN, RON 7486 ABINGTON WAY WEEKI WACHEE, FL 34613	<input checked="" 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	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 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: <u><i>Ernest F. Raimondi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u><i>Aug, 17/06</i></u> 352 596 5028 <small>Date Daytime Phone #</small>	

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