2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N38544**

FILED Feb 28, 2008 8:00 am Secretary of State

1. Entity Name HEATHERWOOD HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.					02-28-2008 9	0009 003 *****0	01.23		
Principal Place 4429 CARILI LAKE WALES	ON COURT	Mailing Address 4429 CARILLON COURT LAKE WALES, FL 33859	US	(12211121 222 17	Pi letel Gun gjen gjel bi	1271 G1271 B1271 G1281 G1281 B12	iika o ii ii s		
	Tace of Business - No P.O. Box # EATHERWOOD BUD	3. Mailing Address 100 HEATUERLY	DOD BLV						
Suite, Apt.		Suite, Apt. #, etc.			Chg-NP	CR2E037 (12/06)			
City & State LAKE WALES, FL L		City & State LAKE WALES			4. FEI Number 59-1680448		oplied For ot Applicable		
Zip 33859 POLK		Zip 33859	33859 FBLK		5. Certificate of Status Desired				
	6. Name and Address of Current R	legistered Agent	Name	7. Name and Ad	idress of New Reg	Istered Agent			
	OTHY C MR.		LIP R. COOPY						
	ILLON COURT LES, FL 33859	-	(P.O. Box Number is Not Acceptable)						
			City L	HEATHERWA AKE WALE	50 CM2	FL Zip Cod			
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.									
THE D Q PILLER CORY 2-25-08									
SIGNATURE Signature, typed or physical name of registered agent anomale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees		te check payable to a Department of St			
10.	-	Trust Fund Co		Added to Fees	Florid		tate		
10.	Due by May 1, 2008	Trust Fund Co	ontribution.	Added to Fees ADDITIONS/CHAN	Florid GES TO OFFICERS	a Department of St	tate		
	Due by May 1, 2008 OFFICERS AND DIRI	Trust Fund Co	ontribution.	Added to Fees ADDITIONS/CHAN	Florid GES TO OFFICERS	a Department of St S AND DIRECTORS IN	tate i 10		
TITLE	OFFICERS AND DIRI	Trust Fund Co	11.	Added to Fees ADDITIONS/CHAN PRES D COOPY, PAILLE 100 HEATHER	Florid GES TO OFFICERS R. 2 WOOD B	a Department of Si SAND DIRECTORS IN Change	tate i 10		
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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 to

SIGNATURE: TRUER COURS	PHILIP R. COOPY	2.25-	08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN	NG OFFICER OR DIRECTOR	Date	Disytime Phone if