


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-28-2008 90009 003 ****61.25

DOCUMENT # N38544 1. Entity Name HEATHERWOOD HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.					
Principal Place of Business 4429 CARILLON COURT LAKE WALES, FL 33859 US			Mailing Address 4429 CARILLON COURT LAKE WALES, FL 33859 US		
2. Principal Place of Business - No P.O. Box # 100 HEATHERWOOD BLVD		3. Mailing Address 100 HEATHERWOOD BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKE WALES, FL		City & State LAKE WALES, FL		4. FEI Number 59-1680448	
Zip 33859		Country POLK		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAIN, TIMOTHY C MR. 4429 CARILLON COURT LAKE WALES, FL 33859		7. Name and Address of New Registered Agent Name PHILIP R. COOPY Street Address (P.O. Box Number is Not Acceptable) 100 HEATHERWOOD BLVD City LAKE WALES FL Zip Code 33859			
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>Philip R. Coopy</i></u> PHILIP R. COOPY 2-25-08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PRES CAIN, TIMOTHY C MR 4429 CARILLON COURT LAKE WALES, FL 33859	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES D COOPY, PHILIP R. 100 HEATHERWOOD BLVD LAKE WALES, FL 33859	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPY, PHILIP R MR. 100 HEATHERWOOD BOULEVARD LAKE WALES, FL 33859	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D CAIN, TIMOTHY 4429 CARILLON CT LAKE WALES, FL 33859	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC D HINDS, DENISE R MRS. 117 HEATHERWOOD BOULEVARD LAKE WALES, FL 33859	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS D GONZALEZ, CINDY 4433 CARILLON CT LAKE WALES, FL 33859	<input type="checkbox"/> Change <input checked="" 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
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>Philip R. Coopy</i></u> PHILIP R. COOPY 2-25-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					