# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 21, 2009**
**Secretary of State**

DOCUMENT# N38544

**Entity Name:** HEATHERWOOD HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

**Current Principal Place of Business:**

100 HEATHER WOOD BLVD
LAKE WALES, FL 33859 US

**New Principal Place of Business:**

100 HEATHERWOOD BLVD
LAKE WALES, FL 33859 US

**Current Mailing Address:**

100 HEATHER WOOD BLVD
LAKE WALES, FL 33859 US

**New Mailing Address:**

100 HEATHERWOOD BLVD
LAKE WALES, FL 33859 US

**FEI Number: 59-1680448** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOPY, PHILIP R
100 HEATHERWOOD BLVD
LAKE WALES, FL 33859 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: COOPY, PHILIP R
Address: 100 HEATHER WOOD BLVD
City-St-Zip: LAKE WALES, FL 33859 US

Title: VPD ( ) Delete
Name: CAIN, TIMOHTY
Address: 4429 CARILOON CT
City-St-Zip: LAKE WALES, FL 33859 US

Title: SEC ( ) Delete
Name: HINDS, DENISE R MRS.
Address: 117 HEATHERWOOD BOULEVARD
City-St-Zip: LAKE WALES, FL 33859 US

Title: TD ( ) Delete
Name: GONZALEZ, CINDY
Address: 4433 CARILLON CT
City-St-Zip: LAKE WALES, FL 33859

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: COOPY, PHILIP R
Address: 100 HEATHERWOOD BLVD
City-St-Zip: LAKE WALES, FL 33859 US

Title: VPD (X) Change ( ) Addition
Name: CAIN, TIMOHTY
Address: 4429 CARILLON CT
City-St-Zip: LAKE WALES, FL 33859 US

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 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: PHILIP R. COOPY PD 03/21/2009
Electronic Signature of Signing Officer or Director — Date