2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N47883

Entity Name: HEATHERWOOD VILLAGE HOMEOWNERS ASSOCIATION, LAKELAND, INC.

Current Principal Place of Business:

1925 HARDEN BLVD
BOX 122
LAKELAND, FL 33803 US

New Principal Place of Business:

Current Mailing Address:

1925 HARDEN BLVD
BOX 122
LAKELAND, FL 33803 US

New Mailing Address:

FEI Number: 59-3115296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLING, LEE JAY
529 VERSAILLES DRIVE
SUITE 103
MAITLAND, FL 32751 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: DP ( ) Delete
Name: BRYCE, CHARLES
Address: 1925 HARDEN BLVD, LOT 122
City-St-Zip: LAKELAND, FL 33803

Title: DV ( ) Delete
Name: SILVA, RICHARD
Address: 1925 HARDEN BLVD, LOT 188
City-St-Zip: LAKELAND, FL 33803

Title: DV ( ) Delete
Name: CLARK, LEE
Address: 1925 HARDEN BLVD, LOT 154
City-St-Zip: LAKELAND, FL 33803

Title: DT ( ) Delete
Name: PINKHAM, ARLENE
Address: 1925 HARDEN BLVD, LOT 198
City-St-Zip: LAKELAND, FL 33803

Title: DS ( ) Delete
Name: KLOIBER, ROSE
Address: 1925 HARDEN BLVD BOX 185
City-St-Zip: LAKELAND, FL 33803

Title: D ( ) Delete
Name: PARENT, WOODY
Address: 1925 HARDEN BLVD, LOT 1
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SILVA, RICHARD
Address: 1925 HARDEN BLVD, LOT 188
City-St-Zip: LAKELAND, FL 33803

Title: DV (X) Change ( ) Addition
Name: BRYCE, CHARLES
Address: 1925 HARDEN BLVD, LOT 122
City-St-Zip: LAKELAND, FL 33803

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES BRYCE DV 03/12/2009

Electronic Signature of Signing Officer or Director — Date