


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90196 036 \*\*\*\*61.25

**DOCUMENT # N48696**  
 1. Entity Name  
**HEATHROW LAKES MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business  
 2180 W S.R. 434  
 SUITE 5000  
 LONGWOOD, FL 32779-5044 US

Mailing Address  
 2180 W SR 434 STE 5000  
 LONGWOOD, FL 32779

**50001289**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

03272007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3161989**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HART, JAMES W JR  
 2180 WEST SR 434  
 STE 5000  
 LONGWOOD, FL 32779

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 PD  
 NAME YEASER, THOMAS R  Delete  
 STREET ADDRESS 760 PRESERVE TERR  
 CITY-ST-ZIP HEATHROW, FL 32746

TITLE D  
 NAME HUBBARD, DIANA  Change  Addition  
 STREET ADDRESS 1640 KERSLEY CIR  
 CITY-ST-ZIP HEATHROW FL 32746

TITLE VPD  
 NAME MASSOT, JOE  Delete  
 STREET ADDRESS 1543 ST EDMUNDS PL  
 CITY-ST-ZIP HEATHROW, FL 32746

TITLE D  
 NAME LINNEKUGEL, MARTIN  Change  Addition  
 STREET ADDRESS 600 LAKEWORTH CIR  
 CITY-ST-ZIP HEATHROW FL 32746

TITLE STD  
 NAME DARRAH, BLAINE  Delete  
 STREET ADDRESS 1624 CHERRY RIDGE DR  
 CITY-ST-ZIP HEATHROW, FL 32746

TITLE D  
 NAME SILVER, ROD  Change  Addition  
 STREET ADDRESS 1057 SURREYWOOD LN  
 CITY-ST-ZIP HEATHROW FL 32746

TITLE D  
 NAME CELANO, TRISHA  Delete  
 STREET ADDRESS 1390 CHESSINGTON CIR  
 CITY-ST-ZIP HEATHROW, FL 32746

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE D  
 NAME SLAWSKY, JOHN  Delete  
 STREET ADDRESS 980 KERSFIELD CIR  
 CITY-ST-ZIP HEATHROW, FL 32746

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE D  
 NAME BARTLETT, PAUL  Delete  
 STREET ADDRESS 1173 GATWICK LOOP  
 CITY-ST-ZIP HEATHROW, FL 32746

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  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:** Blaine Darrah **BLAINE DARRAH** 4/11/07 407-833-0498  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #