

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-28-2008 90030 028 ****61.25



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

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

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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. # etc.

02202008 Chg-NP CR2E037 (12/06)

City & State City & State

Zip Country Zip Country

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 _____ (NOTE: Registered Agent signature requires when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Elect on Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	YEASER, THOMAS R	
STREET ADDRESS	760 PRESERVE TERR	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MASSCT, JOE	
STREET ADDRESS	1543 ST EDMUNDS PL	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DARRAH, BLAINE	
STREET ADDRESS	1624 CHERRY RIDGE DR	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CELANO, TRISHA	
STREET ADDRESS	1390 CHESSINGTON CIR	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLAWSKY, JOHN	
STREET ADDRESS	980 KERSFIELD CIR	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTLETT, PAUL	
STREET ADDRESS	1173 GATWICK LOOP	
CITY-ST-ZIP	HEATHROW, FL 32746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRULL, HEIDI	
STREET ADDRESS	1461 CLEARWATER CT	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUBBARD, DIANA	
STREET ADDRESS	1640 KERSLEY CIR	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, RICHARD	
STREET ADDRESS	1223 TADSWORTH	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBSTER, FRED	
STREET ADDRESS	1582 CHERRY BLOSSOM TERR	
CITY-ST-ZIP	HEATHROW, FL 32746	

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 16 or Block 17 if changed, or in an attachment with an address and all other information empowered.

SIGNATURE: _____ **3/14/08** **407-531-5694**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #