


FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N48825 (6) 1. Corporation Name HEATHERWOOD COMMUNITY HOMEOWNERS ASSOCIATION, IN C.			
Principal Place of Business 3256 E GRAPELEAF LN INVERNESS FL 32652-9206		Mailing Address 3256 E GRAPELEAF LN INVERNESS FL 34452-9206 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
3. Date Incorporated or Qualified 05/07/1992		3a. Date of Last Report 04/01/1996	
4. FEI Number 59-3122670		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent SHOEMAKER, MARY E. 3256 E GRAPELEAF LN INVERNESS FL 34452		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME VALENTINO, JOYCE STREET ADDRESS 9284 S HAMMOCK AVENUE CITY-ST-ZIP INVERNESS FL TITLE VD <input type="checkbox"/> DELETE NAME McDONALD, GEORGE STREET ADDRESS 9030 BRITTANY PATH CITY-ST-ZIP INVERNESS FL TITLE TD <input type="checkbox"/> DELETE NAME TAPPERSON, CAROLYN STREET ADDRESS 10416 S FORESTLINE AVE CITY-ST-ZIP INVERNESS FL TITLE SD <input type="checkbox"/> DELETE NAME SHOEMAKER, MARY ELLEN STREET ADDRESS 3256 E. GRAPELEAF LANE CITY-ST-ZIP INVERNESS FL TITLE D <input type="checkbox"/> DELETE NAME CORY, AL STREET ADDRESS 8851 S. BRITTANY PATH CITY-ST-ZIP INVERNESS FL TITLE D <input type="checkbox"/> DELETE NAME HERRON, JACK STREET ADDRESS 10331 S EVANS POINT CITY-ST-ZIP INVERNESS FL			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			



14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Ellen Shoemaker* (MARY ELLEN SHOEMAKER) 7-12-97 726-9556

CR2E037 (9/96)