

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90027 001 \*\*\*\*61.25

**DOCUMENT # N48825**

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  
US

567391 - 90027 - 1



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/07/1992

4. FEI Number

59-3122670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

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 ☐ DELETE

NAME VALENTINO, JOYCE  
STREET ADDRESS 9264 S HAMMOCK AVENUE  
CITY-ST-ZIP INVERNESS FL

TITLE VD ☐ DELETE

NAME MCDONALD, GEORGE  
STREET ADDRESS 9030 BRITTANY PATH  
CITY-ST-ZIP INVERNESS FL

TITLE TD ☐ DELETE

NAME TAPPERSON, CAROLYN  
STREET ADDRESS 10416 S FORESTLINE AVE  
CITY-ST-ZIP INVERNESS FL

TITLE SD ☐ DELETE

NAME SHOEMAKER, MARY ELLEN  
STREET ADDRESS 3256 E. GRAPELEAF LANE  
CITY-ST-ZIP INVERNESS FL

TITLE D ☐ DELETE

NAME KRAUS, JOHN  
STREET ADDRESS 8698 S VISION CIR  
CITY-ST-ZIP INVERNESS FL 34452

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)