

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48825

1. Entity Name

HEATHERWOOD COMMUNITY HOMEOWNERS ASSOCIATION, IN

Principal Place of Business

3256 E GRAPELEAF LN
INVERNESS FL 32652-9206

Mailing Address

3256 E GRAPELEAF LN
INVERNESS FL 34452
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHOEMAKER, MARY E.
3256 E GRAPELEAF LN
INVERNESS FL 34452

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Sal Valentino
STREET ADDRESS 9264 S Hammock Ave
CITY-ST-ZIP Inverness, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS (New title)
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90323 025 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3122670 ☐ Applied For
Not Applicable

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

CR2E037 (10/00)