

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90079 012 ****61.25

DOCUMENT # N48825

1. Entity Name

HEATHERWOOD COMMUNITY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3256 E GRAPELEAF LN
 INVERNESS FL 32652-9206**

**3256 E GRAPELEAF LN
 INVERNESS FL 34452
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3122670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VALENTINO, JOYCE	
STREET ADDRESS	9264 S HAMMOCK AVENUE	
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	VD	<input type="checkbox"/> Delete
NAME	KRAUS, JOHN	
STREET ADDRESS	8698 S VISION CIR	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALENTINO, SAL	
STREET ADDRESS	9269 SOUTH HAMMOCK AVE	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary Ellen Shoemaker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-02 352-726-9556

CR2E037 (9/01)

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