## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Jun 19, 2002 8:00 am Secretary of State DOCUMENT # N9200000640 1. Entity Name HEATHER GLEN PROPERTY OWNERS' ASSOCIATION, INC. 06-19-2002 90456 041 \*\*\*\*61.25 Principal Place of Business Mailing Address 6842 67TH ST CIR E 6842 67TH ST CIR E PALMETTO FL 34221 PALMETTO FL 34721 2. Principal Place of Bysine 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc City & State Applied For 4. FEI Number 65-0390089 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent hom D Son MONTGOMERY, DAVID PAUL 2103 MANATEE AVE WEST **BRADENTON FL 34205** 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, (NOTE: Registered Ager Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) PO Addition Delete Change TITLE TITLE GOETHE, GLENN NAME NAME STREET ADDRESS 6842 67TH ST CIR E STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALMETTO FL 34221 Delete PD TITLE ☐ Change ☐ Addition PRICE. SHERI NAME NAME STREET ADDRESS STREET ADDRESS 6402 67TH STREET E CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Delete TITLE Change Addition JOHNSON, TAMMY NAME NAME STREET ADDRESS 6607 63RD ST E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Delete TITLE ☐ Change ☐ Addition TITLE NAME En Davis 818 67+4 NAME KEN reinele E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE TERRY MURPHY NAME NAME 6830 68+ S+CIRCLEE STREET ADDRESS STREET ADDRESS PAIMETTO FL 3422 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE D NAME NAME 马出 報館 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12: Phereby 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.

عالما الأك

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: