2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# N93000002595

Entity Name: HEAVEN TREES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 600701
JACKSONVILLE, FL 32260 US

New Principal Place of Business:

11940 HUGE EVERGREEN CT.
JACKSONVILLE, FL 32223 US

Current Mailing Address:

PO BOX 600701
JACKSONVILLE, FL 32260 US

New Mailing Address:

FEI Number: 59-3203213 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTONUCCI, JOSEPH T
11940 HUGE EVERGREEN COURT
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FARRIS, KENNETH
Address: 3138 MOUNTAIN ASH RD S
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD ( ) Delete
Name: JACKSON, ROBERT
Address: 11932 HUGE EVERGREEN CT
City-St-Zip: JACKSONVILLE, FL 32223

Title: STD ( ) Delete
Name: ANTONUCCI, JOSEPH
Address: 11940 HUGE EVERGREEN CT.
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: KULA, GERALD
Address: 11828 HEATHER GROVE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD (X) Change ( ) Addition
Name: DAVIS, TOM
Address: 11840 MOUNTAIN ASH RD. E.
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: WATKINS, DAVID
Address: 11719 HEATHER GROVE LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Change (X) Addition
Name: WATKINS, PATRICIA
Address: 11719 HEATHER GROVE LANE
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH T. ANTONUCCI STD 04/05/2007

Electronic Signature of Signing Officer or Director — Date