

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002595

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** HEAVEN TREES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11940 HUGE EVERGREEN CT.  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 600701  
JACKSONVILLE, FL 32260 US

**New Mailing Address:**

11940 HUGE EVERGREEN CT.  
JACKSONVILLE, FL 32223 US

**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: P/D ( ) Delete  
Name: DAVIS, THOMAS MR  
Address: 11840 MOUNTAIN ASH RD. E.  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: VPD ( ) Delete  
Name: MILLROOD, JEREMY MR  
Address: 3201 TEA ROSE DR.  
City-St-Zip: JACKSONVILLE, FL 32223

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D ( ) Change (X) Addition  
Name: MATHEWS, STACI L MRS.  
Address: 11902 SWOOPING WILLOW ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify 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

04/26/2009

Electronic Signature of Signing Officer or Director

Date