


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90016 039 \*\*\*\*61.25

<b>DOCUMENT # N95000001255</b>	
1. Entity Name <b>HEATHER GLEN HOMEOWNERS INC.</b>	

Principal Place of Business <b>1375 HENDREN DRIVE DELAND FL 32724-2566</b>	Mailing Address <b>1375 HENDREN DRIVE DELAND FL 32724-2566</b>
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2. Principal Place of Business <b>1441 Hendred Drive</b>	3. Mailing Address <b>1441 Hendred Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

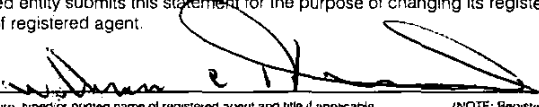
City & State <b>Deland, FL</b>	City & State <b>Deland, FL</b>
Zip <b>32724</b>	Zip <b>32724</b>
Country <b>Volusia</b>	Country <b>Volusia</b>

4. FEI Number <b>59-3303569</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>FUDAY, V BRYCE 1398 HENDREN DRIVE DELAND FL 32724-2566</b>	7. Name and Address of New Registered Agent Name <b>Hannah, William E</b> Street Address (P.O. Box Number is Not Acceptable) <b>1441 Hendred Drive</b> City <b>Deland</b> FL <b>32724</b>
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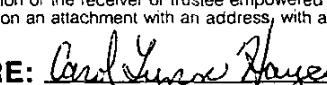
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE <b>2-16-06</b>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FUDAY, V BRYCE 1398 HENDREN DR DELAND FL 32724-2566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Michael Dismore 1409 Heather Glen Dr Deland, FL 32724 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYES, CAROL L 1430 HEATHER GLEN DR DELAND FL 32724-2572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANNAH, WILLIAM E 1441 HENDREN DR DELAND FL 32724-2566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKOFRONICK, GARY 1320 HENSLEY DR DELAND FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: 	<b>Carol Lynn Hayes</b>	<b>2/16/06 (407) 660-5811 x221</b>
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