

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N95000001255

1. Entity Name
HEATHER GLEN HOMEOWNERS INC.



**FILED
May 17, 2007 8:00 am
Secretary of State**

05-17-2007 90038 020 ****61.25

4011000



03012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3303569	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HANNAH, WILLIAM E.
1441 HENDREN DRIVE
DELAND, FL 32724

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: VP
NAME: DINSMORE, MICHAEL
STREET ADDRESS: 1459 HEATHER GLEN DR
CITY-ST-ZIP: DELAND, FL 32724

TITLE: TD - S
NAME: HAYES, CAROL L
STREET ADDRESS: 1430 HEATHER GLEN DR
CITY-ST-ZIP: DELAND, FL 327242572

TITLE: PD
NAME: HANNAH, WILLIAM E
STREET ADDRESS: 1441 HENDREN DR
CITY-ST-ZIP: DELAND, FL 327242566

TITLE: S
NAME: SKOFRONICK, GARY
STREET ADDRESS: 1320 HENSLEY DR
CITY-ST-ZIP: DELAND, FL 32724

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Carol Lynn Hayes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/07

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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