2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000002585

1. Entity Name
HEATHERPOINT LAKE ESTATES HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
343 HEATHERPOINT DRIVE LAKELAND, FL 33809	343 HEATHERPOINT DRIVE LAKELAND, FL 33809

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07022007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3508996
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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 Marilou Ondra 7/2/07
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 September 14, 2007

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

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	GARL, SYLVIA
STREET ADDRESS	415 HEATHERPORT DRIVE
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	S
NAME	GRANTS, CARLA
STREET ADDRESS	302 HEATHERPOINT DR
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	T
NAME	ONDRA, MARILOU
STREET ADDRESS	343 HEATHERPOINT DRIVE
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	ROSE, MARK
STREET ADDRESS	431 HEATHERPOINT DRIVE
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	WARNOCK, ROBERT
STREET ADDRESS	117 HEATHERPOINT
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	BRUGGMAN, JIM
STREET ADDRESS	237 HEATHERPOINT DR
CITY-ST-ZIP	LAKELAND, FL 33809

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07/06/07-80002-006 61.25

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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: MARILOU ONDRA / Marilou Ondra 7/2/07 (863) 853-8845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #