

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90063 003 \*\*\*\*66.25

**DOCUMENT # N98000002585**

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



Principal Place of Business  
**343 HEATHERPOINT DRIVE  
LAKELAND, FL 33809**

Mailing Address  
**343 HEATHERPOINT DRIVE  
LAKELAND, FL 33809**



07072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GARL, SYLVIA  
415 HEATHERPORT DRIVE  
LAKELAND, FL 33809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
GRANTS, CARLA  
302 HEATHERPOINT DR  
LAKELAND, FL 33809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
ONDRA, MARILOU  
343 HEATHERPOINT DRIVE  
LAKELAND, FL 33809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROSE, MARK  
431 HEATHERPOINT DRIVE  
LAKELAND, FL 33809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WARNOCK, ROBERT  
117 HEATHERPOINT  
LAKELAND, FL 33809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BRUGGMAN, JIM  
237 HEATHERPOINT DR  
LAKELAND, FL 33809**

**DO NOT WRITE  
IN THIS SPACE**

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 (Treasurer)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-7-08**  
Date

**(863) 853-8845**  
Daytime Phone #