

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

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

DO NOT WRITE IN THIS SPACE

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

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



07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3508996	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERA 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: P
NAME: GARN, 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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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 L. Ondra (treasurer)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-08

(863) 853-8845

Date

Daytime Phone #