

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002585

FILED
Jan 06, 2009
Secretary of State

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

Current Principal Place of Business:

343 HEATHERPOINT DRIVE
LAKELAND, FL 33809

New Principal Place of Business:

Current Mailing Address:

343 HEATHERPOINT DRIVE
LAKELAND, FL 33809

New Mailing Address:

FEI Number: 59-3508996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARL, SYLVIA
Address: 415 HEATHERPORT DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: S () Delete
Name: GRANTS, CARLA
Address: 302 HEATHERPOINT DR
City-St-Zip: LAKELAND, FL 33809

Title: T () Delete
Name: ONDRA, MARILOU
Address: 343 HEATHERPOINT DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: ROSE, MARK
Address: 431 HEATHERPOINT DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: WARNOCK, ROBERT
Address: 117 HEATHERPOINT
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: BRUGGMAN, JIM
Address: 237 HEATHERPOINT DR
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILOU ONDRA

T

01/06/2009

Electronic Signature of Signing Officer or Director

Date