

# 2002 UNIFORM BUSINESS REPORT (UBR)

57

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90083 029 \*\*\*\*61.25

**DOCUMENT # N99000006462**

1. Entity Name

**HEATHER GLEN AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1633 E VINE STREET ✓  
 STE 110  
 KISSIMMEE FL 34744  
 US

1633 E VINE STREET ✓  
 STE 110  
 KISSIMMEE FL 34744  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3616768** ✓  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURLOW, REBECCA**  
 1633 E VINE STREET ✓  
 STE 110  
 KISSIMMEE FL 34744

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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.

SIGNATURE *Rebecca Furlow*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'HARA, CHARLES D	
STREET ADDRESS	120 FAIRWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAWKS, CANDICE H	
STREET ADDRESS	120 FAIRWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ERSKINE, CYNTHIA L	
STREET ADDRESS	120 FAIRWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne F. dos Santos	
STREET ADDRESS	1421 Carey Glen Circle	
CITY-ST-ZIP	Orlando FL 32824	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sambrita Del Valle	
STREET ADDRESS	1408 Carey Glen Circle	
CITY-ST-ZIP	Orlando FL 32824	
TITLE	See Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maria Fernandez	
STREET ADDRESS	1462 Carey Glen Circle	
CITY-ST-ZIP	Orlando FL 32824	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jeanne F. dos Santos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #