

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90012 049 ****61.25

DOCUMENT # N99000006462

1. Entity Name

HEATHER GLEN AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5401 S KIRKMAN RD
STE 475
ORLANDO FL 32819
US

PROPERTY FIRST, INC.
P.O. BOX 4656
WINTER PARK FL 32793

54021897



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Property First, Inc.

Suite, Apt. #, etc.
PO Box 4656

Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State

Zip
32793

Country
Orange

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

PALMER, BETH
PROPERTY FIRST, INC.
1840 CYPRESS RIDGE DRIVE
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name ~~Beth Palmer~~ Property First, Inc.
Street Address (P.O. Box Number is Not Acceptable)

13627 Dornoch Drive

City
ORLANDO

FL

Zip Code
32828

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VELEZ, VICTOR ☒ Delete
STREET ADDRESS 1113 CAREY GLEN CIR
CITY-ST-ZIP ORLANDO FL 32824

TITLE VPD
NAME PEDROZA, MARTHA ☐ Delete
STREET ADDRESS 1582 CAREY GLEN CIR
CITY-ST-ZIP ORLANDO FL 32824

TITLE STD
NAME RIAS, MARILYN ☒ Delete
STREET ADDRESS 1452 CAREY GLEN CIRCLE
CITY-ST-ZIP ORLANDO FL 32824

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME Pedroza, Martha ☐ Change ☐ Addition
STREET ADDRESS 1532 Carey Glen Cir
CITY-ST-ZIP ORLANDO, FL 32824

TITLE VPD
NAME Sam Feitz DelValle ☐ Change ☐ Addition
STREET ADDRESS 1543 Carey Glen Circle
CITY-ST-ZIP ORLANDO, FL 32824

TITLE SD
NAME MARTA JARAMILLO ☐ Change ☐ Addition
STREET ADDRESS 1243 Carey Glen Circle
CITY-ST-ZIP ORLANDO, FL 32824

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-11-04 321-663-2110

Date

Daytime Phone #