2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N99000006462

1. Entity Name
HEATHER GLEN AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

FILED
05 DEC 15 PM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11282005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
PROPERTY FIRST, INC. PO BOX 4656 WINTER PARK, FL 32793 US	PROPERTY FIRST, INC. P.O. BOX 4656 WINTER PARK, FL 32793

2. Principal Place of Business	3. Mailing Address
PREMIER PROP MGT CFL	PREMIER PROP MGT CFL
Suite, Apt. #, etc. 206 ELM AVE	Suite, Apt. #, etc. P.O. BOX 1596
City & State SANFORD FL	City & State SANFORD, FL
Zip 32771 Country U.S.A.	Zip 32772-1596 Country U.S.A.

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.
13627 DORNOCH DRIVE
ORLANDO, FL 32828

7. Name and Address of New Registered Agent

Name GINA N. HOLBROOK
Street Address (P.O. Box Number is Not Acceptable) PREMIER PROPERTY MGT. CFL, INC
206 ELM AVE
City SANFORD FL Zip Code 32771

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 /Gina N. Holbrook 11/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIVERA, RAMON 1357 CAREY GLEN CIR ORLANDO, FL 32824	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PID Velez, Victor 206 Elm AVE SANFORD, FL 32771	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RIVERA, ARMANO 1429 CAREY GLEN CIRCLE ORLANDO, FL 32824	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP Aviles, Edwin 206 Elm AVE SANFORD, FL 32771	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD APONTE, HORACIA 1416 CAREY GLEN CIRCLE ORLANDO, FL 32824	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SID SANTIAGO, SARA 206 Elm AVE SANFORD, FL 32771	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TID Soto, Richard 206 Elm Ave SANFORD, FL 32771	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000062511490 12/30/05--01052--013 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: /Victor Velez 11/29/05 407-322-4922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

M. Williams DEC 15 2005