

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90116 023 ****61.25

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



Principal Place of Business
**PREMIER PROPERTY MGMT CFL
206 ELM AVE
SANDFORD, FL 32771 US**

Mailing Address
**P.O. BOX 1596
SANFORD, FL 32772-1596**

DO NOT WRITE IN THIS SPACE



02202008 No Chg-NP

CR2E037 (4/06)

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

**HOLBROOK, GINA
PREMIER PROP MGMT CFL, INC
206 S ELM AVE
SANFORD, FL 32771**
*735 PRIMERA Blvd Ste 110
LAKE MARY, FL 32795*

**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 *Gina R. Holbrook*

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

(NOTE: Registered Agent signature required when reinstating)

4/16/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	AVILES, EDWIN Edwin
STREET ADDRESS	206 ELM AVE 1322 Glenburnwood
CITY-ST-ZIP	SANDFORD, FL 32771 Orlando, FL 32824
TITLE	S
NAME	FASANO, CARL J
STREET ADDRESS	1145 CAREY GLEN CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	Remove
NAME	SOTO, RICHARD
STREET ADDRESS	206 ELM AVE
CITY-ST-ZIP	SANDFORD, FL 32771
TITLE	VP
NAME	Victor Velez
STREET ADDRESS	1113 Carey Glen Circle
CITY-ST-ZIP	Orlando, FL 32824
TITLE	Treasurer
NAME	John Marciano
STREET ADDRESS	13100 Ashington Pointe Dr.
CITY-ST-ZIP	Orlando, FL 32824
TITLE	Director
NAME	Victor Diaz
STREET ADDRESS	13210 Ashington Pointe Dr.
CITY-ST-ZIP	Orlando, FL 32824

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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: *Edwin Aviles* Edwin Aviles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-08
Date

407-322-4922
Daytime Phone #