## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006462

City-St-Zip:

ORLANDO, FL 32824

FILED Feb 24, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 735 PRIMERA BLVD SUITE 110 LAKE MARY, FL 32746 **New Mailing Address: Current Mailing Address:** 735 PRIMERA BLVD SUITE 110 LAKE MARY, FL 32746 US FEI Number: 59-3616768 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLBROOK, GINA PREMIER PROPERTY MANAGEMENT CFL, INC. PREMIER PROP MGMT CFL. INC 735 PRIMERA BLVD, SUITE 110 735 PRIMERA BLVD STE 110 LAKE MARY, FL 32746 LAKE MARY, FL 32795 US 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: GINA N. HOLBROOK 02/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition AVILES, EDWIN AVILES, EDWIN Name: Name: 1322 GLENBAMOO CRT Address: 1322 GLENBAMOO CRT Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824 Title: Title: ( ) Delete () Change () Addition FASANO, CARL J Name: Name: Address: 1145 CAREY GLEN CIRCLE Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: Title: () Delete Title: () Change () Addition VELEZ, VICTOR Name: Name: 1113 CAREY GLEN CIR Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: Title: () Delete Title: () Change () Addition MARCIANO, JOHN Name: Name: 13100 ASHINGTON POINTE DR Address: Address: City-St-Zip: CHATTAHOOCHEE, FL 32324 City-St-Zip: Title: Title: () Delete () Change () Addition DIAZ, VICTOR Name: Name: 13210 ASHINGTON POINTE DR Address: Address:

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.

City-St-Zip:

SIGNATURE: EDWIN AVILES P 02/24/2009