

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

2/24/

02-24-2003 90226 046 ****61.25

DOCUMENT # N99000006462

1. Entity Name

HEATHER GLEN AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

1633 E VINE STREET
STE 110
KISSIMMEE FL 34744
US

Mailing Address

1633 E VINE STREET
STE 110
KISSIMMEE FL 34744
US

2. Principal Place of Business

5401 S Kirkman Rd

Suite Apt. #, etc.

475

City & State

Orlando FL

Zip

32819

Country

USA

3. Mailing Address

5401 S Kirkman Rd

Suite Apt. #, etc.

475

City & State

Orlando FL

Zip

32819

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name
Community Mgmt. Prof. Inc.
Street Address (P.O. Box Number is Not Acceptable)
5401 S. Kirkman Rd
Suite 475
City
Orlando FL 32819

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

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	<input checked="" type="checkbox"/> Delete
NAME	DOS SANTOS, JEANE F	
STREET ADDRESS	1421 CAREY GLEN CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DEL VALLE, SAMFRITZ	
STREET ADDRESS	1408 CAREY GLEN CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, MARIA	
STREET ADDRESS	1452 CAREY GLEN CIRCLE	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR VELEZ	
STREET ADDRESS	1113 CAREY GLEN CIR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTHA PEDROZA	
STREET ADDRESS	1582 CAREY GLEN CIR	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA RIOS	
STREET ADDRESS	1429 CAREY GLEN CIR	
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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03


Daytime Phone #

CR02037 (10/02)

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

55016675

DOCUMENT # N99000006462 1. Entity Name HEATHER GLEN AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1633 E VINE STREET STE 110 KISSIMMEE FL 34744 US		Mailing Address 1633 E VINE STREET STE 110 KISSIMMEE FL 34744 US	
2. Principal Place of Business 5401 S Kirkman Rd Suite Apt. #, etc. 475		3. Mailing Address 5401 S Kirkman Rd Suite Apt. #, etc. 475	
City & State Orlando FL		City & State Orlando FL	
Zip 32819		Country USA	
4. FEI Number 59-3616768		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent FURLOW, REBECCA 1633 E VINE STREET STE 110 KISSIMMEE FL 34744	
7. Name and Address of New Registered Agent Community Mgmt. Prof. Inc. 5401 S Kirkman Rd Suite 475 Orlando FL 32819		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 SIGNATURE <i>Sue Carpenter</i> SUE CARPENTER, PRES. 1-28-03 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOS SANTOS, JEANE F 1421 CAREY GLEN CIRCLE ORLANDO FL 32824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Victor Velez 1113 CAREY GLEN CIR ORLANDO FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DEL VALLE, SAMFRITZ 1408 CAREY GLEN CIRCLE ORLANDO FL 32824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARtha PEDROZA 1582 CAREY GLEN CIR ORLANDO FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FERNANDEZ, MARIA 1452 CAREY GLEN CIRCLE ORLANDO FL 32824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B/T D MARILYN Rios 1429 CAREY GLEN CIR ORLANDO FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Victor Velez</i>		1/28/03 407/903-99X #102	