

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008221

Entity Name: THE HEATHERS AT LAKE JOVITA HOMEOWNERS ASSOCIATION, INC.**FILED**
Jan 06, 2016
Secretary of State
CC7794666807**Current Principal Place of Business:**BLUE MOON PROPERTIES
13135 PALMILLA
DADE CITY, FL 33525**Current Mailing Address:**BLUE MOON PROPERTIES
POB 1211
SAN ANTONIO, FL 33576 US**FEI Number:** 65-1124565**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLUE MOON PROPERTIES
BLUE MOON PROPERTIES
13135 PALMILLA
DADE CITY, FL 33525 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:** GREG ANDERSON

01/06/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT, DIRECTOR
Name CARAWAY, MICHAEL
Address BLUE MOON PROPERTIES
POB 1211
City-State-Zip: SAN ANTONIO FL 33576**Title** SECRETARY, DIRECTOR
Name CRUTCHER, VICKIE
Address BLUE MOON PROPERTIES
POB 1211
City-State-Zip: SAN ANTONIO FL 33576**Title** DIRECTOR
Name EVANS, JILL
Address BLUE MOON PROPERTIES
POB 1211
City-State-Zip: SAN ANTONIO FL 33576**Title** TREASURER, DIRECTOR
Name SMITH, DARRELL
Address BLUE MOON PROPERTIES
POB 1211
City-State-Zip: SAN ANTONIO FL 33576**Title** VP, DIRECTOR
Name POOLE, LINDA
Address BLUE MOON PROPERTIES
POB 1211
City-State-Zip: SAN ANTONIO FL 33576

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL CARAWAY

PRESIDENT

01/06/2016

Electronic Signature of Signing Officer/Director Detail

Date