

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745631 (2)**

1. Corporation Name  
**HEATHER RIDGE VILLAS II ASSOCIATION, INC.**



Principal Place of Business: **% SEABOARD ARBORS MGMT  
1700 MCMULLEN BOOTH RD. STE C3  
CLEARWATER FL 34619  
US**

Mailing Address: **C/O LAURA J. RAYBURN  
1968 BAYSHORE BLVD.  
DUNEDIN FL 34698  
US**

3. Date Incorporated or Qualified: **01/18/1979**  
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business (21)  
Suite, Apt. #, etc. (22)  
City & State (23)  
Zip (24) Country (25)

2a. Mailing Address (26)  
Suite, Apt. #, etc. (27)  
City & State (28)  
Zip (29) Country (30)

4. FEI Number: **59-2987566**  
Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**LEIGHTON, LEN  
% SEABOARD ARBORS MGMT SVCS INC  
1700 MCMULLEN BOOTH RD, STE C3  
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLINCO, ANTHONY</b>	1.2 NAME	
STREET ADDRESS	<b>1557 HEATHER RIDGE BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIDD, JAMES</b>	2.2 NAME	
STREET ADDRESS	<b>1491 HEATHER RIDGE BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUY, VIRGINIA</b>	3.2 NAME	
STREET ADDRESS	<b>1511 HEATHER RIDGE BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony Clinco* **2/1/96** **734 7424**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)