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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745631

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

~~% SEABOARD ARBORS~~
~~1700 MCMULLEN BOOTH RD., STE C-3~~
~~CLEARWATER FL 34619~~
~~US~~



2. Principal Place of Business

21 **40347 US 19 NORTH**

22 **SUITE 201**

23 **TARPON SPRINGS, FL**

24 **34689** 25 **US**

2a. Mailing Address

26 **P.O. Box 699**

27

28 **TARPON SPRINGS**

29 **34689** 30 **US**

3. Date Incorporated or Qualified

01/18/1979

4. FEI Number

59-2987566

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 **IRENE KARAGIANIS**
82 **C/O JET PROPERTY MGMT INC**
83 **40347 US 19 N - SUITE 201**
84 City **TARPON SPRINGS** 85 **FL** Zip Code **34689**

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 **Irene Karagianis**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-22-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAMPA, GERALDINE	
STREET ADDRESS	1521 HEATHER RIDGE BLVD	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LONDON, VIRGINIA	
STREET ADDRESS	1801 E. LAKE ROAD., 4G	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ENTWISTLE, LORRAINE	
STREET ADDRESS	1531 HEATHER RIDGE BLVD	
CITY-ST-ZIP	DUNEDIN FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLINCO, TONY	
1.3 STREET ADDRESS	1557 HEATHER RIDGE BLVD	
1.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GUY, BERT	
2.3 STREET ADDRESS	1511 HEATHER RIDGE BLVD	
2.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RUOLPH, ERMA	
3.3 STREET ADDRESS	1467 HEATHER RIDGE BLVD	
3.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOPPE, WARREN	
4.3 STREET ADDRESS	1517 HEATHER RIDGE BLVD	
4.4 CITY-ST-ZIP	DUNEDIN, FL 34689	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MCCAFFERTY, WILLIAM	
5.3 STREET ADDRESS	1551 HEATHER RIDGE BLVD	
5.4 CITY-ST-ZIP	DUNEDIN, FL 34689	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: **Anthony M. [Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-942-4755

CR2E037 (11/98)