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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **749213** (5)

1. Corporation Name

**HEATHER RIDGE WEST I ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% FLORIDA CENTRAL MANAGEMENT  
20163 US 10 N STE 202 2430 ESTANCIA BLVD #114  
CLEARWATER FL 34621

% FLORIDA CENTRAL MANAGEMENT  
20163 US 10 N STE 202 2430 ESTANCIA BLVD #114  
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/05/1979  
3a. Date of Last Report 04/27/1994

4. FEI Number 59-2987585  
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2430 Estancia Blvd  
Suite, Apt. #, etc.

26 2430 Estancia Blvd  
Suite, Apt. #, etc.

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

22 Suite 114  
City & State

27 Suite 114  
City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Clearwater, FL 34621

28 Clearwater, FL 34621

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

24 Zip 34621

25 Country USA

29 Zip 34621

30 Country USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA CENTRAL MANAGEMENT  
20163 US 10 N STE 202 2430 ESTANCIA BLVD #114  
CLEARWATER FL 34621

81 Name Florida Central mgmt.  
82 Street Address (P.O. Box Number is Not Acceptable) 2430 ESTANCIA BLVD #114  
83  
84 City Clearwater FL 85 Zip Code 34621

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE

*Robert M. Naeck V.P.*

3/25/95  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WYCHOR, MARTHA  
STREET ADDRESS 1430 HEATHER RIDGE 202  
CITY - ST - ZIP DUNEDIN FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE VD  
NAME BOYD, TOM  
STREET ADDRESS 1430 HEATHER RIDGE 102  
CITY - ST - ZIP DUNEDIN FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE S D  
NAME MCMURDIE, BEV  
STREET ADDRESS 1430 HEATHER RIDGE 107  
CITY - ST - ZIP DUNEDIN FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(b), 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:

*Martha Wychor* MARTHA WYCHOR

3/2/95 733-2432

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(DATE) (PHONE NUMBER)