FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996)
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DOCUI 1. Corporation	MENT # 74921	3 (5)							
HEATH	HER RIDGE WEST I ASSOCI	ATION, INC.							
Principal Place	of Business	Mailing Address				T TO SALE TO THE BEAUTIFUL TO SALE TO			
2430 ESTAN SUITE 114 CLEARWATE		2430 ESTANCIA BLVD SUITE 114 CLEARWATER FL 34621							
						3. Date Incorporated or Qualified 10/05/1979	3a. Date of La 03/30	ast Report 0/1995	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2987585		Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.	75 Additional	
City & State		City & State			Fee Required				
23	,	28				Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees	
Zip 24	Country 25	Zip 29 3	Countr	у		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Current				111	10 Name and Address of New Re	gistered Agent		
51.0010	1 ACNTAN MANAACMPAG		81			C & PROPERTY MANAGEMENT, INC.			
FLORIDA CENTRAL MANAGEMENT 2430 ESTANCIA BLVD			82			s (P.O. Box Number is Not Acceptable 7-B Sunset Point	Road		
	VATER FL 34621		83				**************************************		
			84				E1 85	Zip Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	named co	C Le	earwater FI. ion submits this statement for the purp	ose of changing it	34619 ts registered office	
familiar wit	to the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authorized on 617.0503, Florida Statutes.	by the corp	poration's	board	of directors. I hereby accept the appoir	ntment as register	red agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agenit e	and title if applicable. (NOTE:	Registered And	not signature n	ea wed w	hen reinstating)	4/17/96	• 	
12.	OFFICERS AND		13.	an agracaci	ego da 11	ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	PD	DELETE	1.1 TITLE				Chang	Æ ☐ Addition	
NAME STREET ADDRESS	WYCHOR, MARTHA ORESS 1430 HEATHER RIDGE 202		1.2 NAME						
CITY-ST-ZIP	BUDGERIU EL			1 3 STREET ADDRESS 1.4 City-St-Zip					
TITLE	VD	□ DELETE 2		31-21			Chang	ge Addition	
NAME			2 2 NAME	22 NAME					
STREET ADDRESS	1430 HEATHER RIDGE 102		2.3 STREET ADDRESS						
CITY-ST-ZIP	DUNEDIN FL		2. 4 CfTY-	ST-ZIP					
TITLE	\$	⊠ DELETE	3.1 TITLE		☐ Change		ge 🔲 Addition		
NAME	MCMURDIE, BEV		3.2 NAME						
STREET ADDRESS	1430 HEATHER RIDGE 107			7 ADDRESS					
CITY-ST-ZIP TITLE	DENEOIN FL	DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP			Chang	e 🕅 Addition	
NAME		Dotteit	4.2 NAME	:		rector		je <u>P-</u> Addition	
STREET ADDRESS				t address		Forstenson, Dorothy			
CITY-ST-ZIP			4.4 CITY-			1430 Heather Ridge #203 Dunedin, FL 34698			
TITLE		DELETE	5.1 TITLE	 	G c	ecretary/Treasurer/ Director otoker, Jean #30 Heather Ridge #305			
NAME			5.2 NAME		De				
STREET ADDRESS			5.3 STREE	t address					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	Di	nedin, FL 34698			
TITLE		DELETE	6.1 TITLE		-			je 🔲 Addition	
NAME			6.2 NAME	NAME					
	STREET ADDRESS			T ADDRESS					
CITY-ST-ZIP	v certify that the information supplied u	ith this filling is valuntarily firelish.	6.4 CITY-	ST-ZIP	life for	the exemption stated in Pastian 440.0	7/21/W Elosido (*-	the Light	
certify that	the information indicated on this annua	al report or supplemental annual	report is tr	ue and ac	curate	the exemption stated in Section 119.07 and that my signature shall have the sa	ame legal effect a	s if made under	

certify that the information indicated off this affluar report of 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PFICER OR DIRECTOR

Date

Dete

Dete

Description: