

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **749213** (5)

1. Corporation Name

HEATHER RIDGE WEST I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2430 ESTANCA BLVD
SUITE 114
CLEARWATER FL 34621
XXXXXX**

**2430 ESTANCA BLVD
SUITE 114
CLEARWATER FL 34621
XXXXXX**



3. Date Incorporated or Qualified
10/05/1979

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

c/o C&N Property MGT, Inc

c/o C&N Prop Mgmt Inc

4. FEI Number

59-2987585

Applied For

Not Applicable

2697B Sunset Pt. RD

2697B Sunset Pt. Rd

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

Clearwater, FL

Clearwater, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

33759

USA

33759

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

**NASSER, WILLIAM J.
% C & N PROPERTY MGMT, INC.
2697-B SUNSET POINT ROAD
CLEARWATER FL 34619
XXXX 33759**

81 Name

NASSER, WILLIAM J.

82 Street Address (P.O. Box Number is Not Acceptable)

c/o C&N PROP MGMT INC

83 **2697B SUNSET PT RD**

84 City

CLEARWATER

FL

85 Zip Code
33759

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature]

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	WYCHOR, MARTHA	
STREET ADDRESS	1430 HEATHER RIDGE 202	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VD	☒ DELETE
NAME	BOYD, TOM	
STREET ADDRESS	1430 HEATHER RIDGE 102	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	☐ DELETE
NAME	TORSTENSON, DOROTHY	
STREET ADDRESS	1430 HEATHER RIDGE #203	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	STD	☒ DELETE
NAME	POTOKER, JEAN	
STREET ADDRESS	1430 HEATHER RIDGE #305	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	ST TORTENSON, DOROTHY
3.3 STREET ADDRESS	1430 Heather Ridge #203
3.4 CITY-ST-ZIP	DUNEDIN, FL 34698
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D HOUGH, DON
5.3 STREET ADDRESS	1430 HEATHER RIDGE #303
5.4 CITY-ST-ZIP	DUNEDIN, FL 34698
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 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.

SIGNATURE: ✓

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0067313**

CR2E037 (9/96)