

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90478 028 ****61.25

DOCUMENT # 749213

1. Entity Name

HEATHER RIDGE WEST I ASSOCIATION, INC.

Principal Place of Business

32708 US 19 N
PALM HARBOR FL 34684
US

Mailing Address

32708 US 19 N
#22
PALM HARBOR FL 34684
US

2. Principal Place of Business

2430 Estancia Blvd

Suite, Apt. #, etc.

Suite 114

Clearwater, FL

Zip
33761

Country

3. Mailing Address

2430 Estancia Blvd

Suite, Apt. #, etc.

Suite 114

Clearwater, FL

Zip
33761

Country

4. FEI Number

59-2987585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, MARJORIE J
%CALIBER MANAGEMENT
32708 US 19 NORTH
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

Florida Central Management Inc

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

2430 Estancia Blvd

Suite 224

City

Clearwater

FL

Zip Code

33761

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

Robert M. Norek - Senior Vice President

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/05/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **WYCHOR, MARTHA**
STREET ADDRESS **1430 HEATHER RIDGE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **VD** ☐ Delete
NAME **TOIA, LEONARD**
STREET ADDRESS **1430 HEATHER RIDGE BLVD #301**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **SD** ☐ Delete
NAME **TORSTENSON, DOROTHY**
STREET ADDRESS **1430 HEATHER RIDGE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **V.D**
STREET ADDRESS **BEN TOIA**
CITY-ST-ZIP **SAMB**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ST MARTHA WYCHOR Pres

Date

2/23/01

Daytime Phone #

CR2E037 (10/00)