2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90293 045 ****61.25

DOCUMENT # 749213

1. Entity Name
HEATHER RIDGE WEST I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2430 ESTANCIA BLVD SUITE 114 CLEARWATER, FL 33761 US	2430 ESTANCIA BLVD SUITE 114 CLEARWATER, FL 33761 US

04012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
	c/o CMC, INC. 4175 EAST BAY DRIVE
Suite Apt #, etc	Suite, Apt. #, etc. SUITE 205
City & State	City & State CLEARWATER, FLORIDA
Zip / Country	Zip 33764 / Country USA

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	7. Name and Address of New Registered Agent
FLORIDA CENTRAL MANAGEMENT INC 2430 ESTANCIA BLVD SUITE 224 CLEARWATER, FL 33761	Name: HAL HILDEBRANDT Street Address (P.O. Box Number is Not Acceptable): c/o CMC, INC. 4175 EAST BAY DR. #205 City: CLEARWATER FL Zip Code: 33764

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Hal Hildebrandt Hal Hildebrandt 4/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DEHART, BETTY 1430 HEATHER RIDGE BLVD.., #206 DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WISLON, JOANNE 1430 HEATHER RIDGE BLVD.., #103 DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TORSTENSON, DOROTHY 1430 HEATHER RIDGE #203 DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OHANIAN, ARNOLD 1430 HEATHER RIDGE BLVD.., #306 DUNEDIN, FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHRISTINE LUDORF ☐ Change ☐ Addition 1430 HEATHER RIDGE BLVD, #101 DUNEDIN, FL 34698
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAECHTOLD, FRED 1430 HEATHER RIDGE BLVD.., #305 DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] Director 4/13/05 7337815.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #