


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90039 039 \*\*\*\*61.25

**DOCUMENT # 749213**

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



Principal Place of Business  
 C/O CMC, INC  
 4175 EAST BAY DR., #205  
 CLEARWATER, FL 33764 US

Mailing Address  
 C/O CMC, INC  
 4175 E BAY DRIVE, STE 205  
 CLEARWATER, FL 33764 US

**40067536**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02042008 Chg-NP CR2E037 (12/06)

City & State  
 Zip 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

~~HILDEBRANDT, HAL  
 C/O CMC, INC  
 4175 E BAY DRIVE, STE 205  
 CLEARWATER, FL 33764~~

7. Name and Address of New Registered Agent

Name  
**KIRK BLISS**

Street /  
**CMC**

City  
**4175 East Bay Dr., Suite 205  
 Clearwater, FL 33764**

Code

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 *Kirk Bliss* DATE 4/10/08

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, 2008**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OHANIAN, ARNOLD 1430 HEATHER RIDGE, BLVD #306 DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WISLON, JOANNE 1430 HEATHER RIDGE BLVD... #103 DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORSTENSON, DOROTHY 1430 HEATHER RIDGE 203 DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUDORF, CHRISTINE 1430 HEATHER RIDGE BLVD, #101 DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ohanian, Arnold <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T Wilson, Joanne 1430 Heather Ridge Blvd. #103 Dunedin, FL 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Field, Joan 1430 Heather Ridge Blvd. #203 Dunedin, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Arnold Ohanian* DATE 4/7/08 DAYTIME PHONE # 727-733-0471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #