

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 21 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751008 (4)

1. Corporation Name

HEATHER RIDGE VILLAS IV ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2430 ESTANCIA BLVD., #114
CLEARWATER FL 34621

2430 ESTANCIA BLVD., #114
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/12/1980

11/21/1994

4. FEI Number

Applied For

59-2987569

Not Applicable

5. Certificate of Status Desired

\$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Seaboard Arbors Management

26 Services, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1700 McMullen Booth Road,

27 Suite C-3

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

34619

25 USA

Zip

34619

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA CENTRAL MANAGEMENT, INC.
2430 ESTANCIA BLVD., #114
CLEARWATER FL 34621

81 Name

Len Leighton

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

C/O Seaboard Arbors Management Services, Inc.

83

1700 McMullen Booth Road, Suite C-3

84 City

Clearwater, FL

FL

85 Zip Code
34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when in Florida)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRESHGOLD, LILLIAN
STREET ADDRESS	2204 MARSHALL DR.
CITY - ST - ZIP	DUNEDIN FL 34698
TITLE	VD
NAME	COE, ROBERT
STREET ADDRESS	2238 MARSHALL DR
CITY - ST - ZIP	DUNEDIN FL
TITLE	STD
NAME	BOWLER, LORAIN
STREET ADDRESS	2198 MARSHALL DR.
CITY - ST - ZIP	DUNEDIN FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lillian Breshgold Pres. 4-18-95 726-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

LILLIAN BRESHGOLD