

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 751008 (4)

1. Corporation Name

HEATHER RIDGE VILLAS IV ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**SEABOARD ARBORS MANAGEMENT SERVICES, INC
1700 MCMULLEN BOOTH ROAD
CLEARWATER FL 34619
US**

**2430 ESTANCIA BLVD., #114
C-3
CLEARWATER FL 34619
US**

3. Date Incorporated or Qualified
02/12/1980

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2987569

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

**LEIGHTON, LEN
C/O SEABOARD ARBORS MANAGEMENT SERV. INC
1700 MCMULLEN BOOTH ROAD, SUITE C-3
CLEARWATER FL 34619**

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME BRESHGOLD, LILLIAN
STREET ADDRESS 2204 MARSHALL DR.
CITY-ST-ZIP DUNEDIN FL 34698

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME COE, ROBERT
STREET ADDRESS 2238 MARSHALL DR
CITY-ST-ZIP DUNEDIN FL

2.1 TITLE Change Addition
2.2 NAME VD LEO SPURR
2.3 STREET ADDRESS 2190 MARSHALL DRIVE
2.4 CITY-ST-ZIP DUNEDIN, FL 34698

TITLE STD DELETE
NAME BOWLER, LORAIN
STREET ADDRESS 2196 MARSHALL DR.
CITY-ST-ZIP DUNEDIN FL 34698

3.1 TITLE Change Addition
3.2 NAME STD JEWEL HIGGINBOTHAM
3.3 STREET ADDRESS 2228 MARSHALL DR.
3.4 CITY-ST-ZIP DUNEDIN, FL 34698

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**800001792118
-04/24/96--01018--028
***61.25**

4-23-96
JR

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*
LILLIAN BRESHGOLD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Year/Phone #

CR2E037 (12/95)