

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34621-2807**~~  
~~**US**~~



3. Date Incorporated or Qualified  
**02/12/1980**

3a. Date of Last Report  
**04/23/1996**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

4. FEI Number <b>59-2987569</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRESHGOLD, LILLIAN</b>	1.2 NAME	
STREET ADDRESS	<b>2204 MARSHALL DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUNEDIN FL 34698</b>	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPURR, LEO</b>	2.2 NAME	
STREET ADDRESS	<b>2190 MARSHALL DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUNEDIN FL 34698</b>	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIGGINBOTHAM, JEWEL</b>	3.2 NAME	
STREET ADDRESS	<b>2228 MARSHALL DR.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DUNEDIN FL 34698</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>VPD</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Martin, Delores</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>2210 Marshall Drive</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Serio, Frank</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>2248 Marshall Drive</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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 4-5-97 733-4514  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007312

CR2E037 (9/96)