

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 SEABOARD ARBORS MANAGEMENT SERVICES, INC 1700 MCMULLEN BOOTH ROAD CLEARWATER FL 34619 US	Mailing Address 1700 MCMULLEN BOOTH RD SUITE C-3 CLEARWATER FL 34619 US
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3. Date Incorporated or Qualified 02/12/1980		
4. FEI Number 59-2987569	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 BRESHGOLD, LILLIAN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2204 MARSHALL DR.	1.2 NAME	
STREET ADDRESS	DUNEDIN FL 34698	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD MARTIN, DELORES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2210 MARSHALL DR	2.2 NAME	
STREET ADDRESS	DUNEDIN FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD HIGGINBOTHAM, JEWEL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2228 MARSHALL DR.	3.2 NAME	
STREET ADDRESS	DUNEDIN FL 34698	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SERIO, FRANK	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2248 MARSHALL DR	4.2 NAME	
STREET ADDRESS	DUNEDIN FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Bowler, Lorraine
STREET ADDRESS		5.3 STREET ADDRESS	2196 Marshall Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Dunedin, FL
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 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 Date: Jan. 26, 1998

CP2E037 (10/97)