

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 751008**

1. Entity Name

**HEATHER RIDGE VILLAS IV ASSOCIATION, INC.****FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90147 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O I&J PROP MGMT., INC.  
40347 US 19 N., SUITE 201  
TARPON SPRINGS FL 34689  
USP.O. BOX 695  
TARPON SPRING FL 34689  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2987569**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KARAGIANIS, IRENE**  
**40347 US 19 N., SUITE 201**  
**TARPON SPRINGS FL 34689**

Name

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

City

**FL**

Zip 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	BRESHGOLD, LILLIAN	2204 MARSHALL DR.	DUNEDIN FL 34698	<input checked="" type="checkbox"/>	PD	Spurr, Robert	2190 Marshall Dr	Dunedin, Fl 34698	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	MARTIN, DELORES	2210 MARSHALL DR	DUNEDIN FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	HIGGINBOTHAM, JEWEL	2228 MARSHALL DR.	DUNEDIN FL 34698	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SERIO, FRANK	2248 MARSHALL DR	DUNEDIN FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BOWLER, LORRAINE	2196 MARSHALL DR.	DUNEDIN FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-04-02

Date

727-942-4755

Daytime Phone #

CR2E037 (9/01)