


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90110 050 ****61.25

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DOCUMENT # 751008							
1. Entity Name HEATHER RIDGE VILLAS IV ASSOCIATION, INC.							
Principal Place of Business C/O I&J PROP MGMT, INC. 40347 US 19 N., SUITE 201 TARPON SPRINGS, FL 34689 US			Mailing Address P.O. BOX 695 TARPON SPRING, FL 34689 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2987569			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTIN, DELORES			NAME			
STREET ADDRESS	2210 MARSHALL DR			STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL			CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HIGGINBOTHAM, JEWEL			NAME			
STREET ADDRESS	2228 MARSHALL DR.			STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWLER, LORRAINE			NAME			
STREET ADDRESS	2196 MARSHALL DR.			STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRYANT, JOHN			NAME			
STREET ADDRESS	2238 MARSHALL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN, FL 34698			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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: <i>John Bryant</i>				Date: 3/10/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 727-942-4755			