


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753329 (2)
 1. Corporation Name
HEATHER RIDGE WEST III ASSOCIATION, INC.



Principal Place of Business 2753 STATE ROAD 580 #207 CLEARWATER FL 34621 US	Mailing Address C/O PROGRESSIVE MGMT. 2753 S.T. 580 STE. 207 CLEARWATER FL 34621-3345 US
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3. Date Incorporated or Qualified 07/14/1980	3a. Date of Last Report 02/20/1995
4. FEI Number 59-2987587	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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

REARDON, MARUEEN C CPM PROGRESSIVE MANAGEMENT INC 2753 STATE RD 580 STE 207 CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name NASSER, WILLIAM J. C/O C & N PROPERTY MANAGEMENT, INC.

82 Street Address (P.O. Box Number is Not Acceptable) 2697-B Sunset Point Road

83

84 City Clearwater, FL FL 85 Zip Code 34619

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 *William J. Nasser* DATE **4/17/96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOIA, SUE	
STREET ADDRESS	804 PINE FOREST LANE	
CITY-ST-ZIP	PROSPECT HEIGHTS IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VENTOLA, SAM	
STREET ADDRESS	35 SIDNEY COURT	
CITY-ST-ZIP	BRICK NJ	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	TOIA, BEN	
STREET ADDRESS	804 PINE FOREST LANE	
CITY-ST-ZIP	PROSPECT HEIGHTS IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Toia, Sue	
13 STREET ADDRESS	1375 Doolittle Lane #304	
14 CITY-ST-ZIP	Dunedin, FL 34698	
21 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Ventola, Sam	
23 STREET ADDRESS	1375 Doolittle Lane #203	
24 CITY-ST-ZIP	Dunedin, FL 34698	
31 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Toia, Leonard	
33 STREET ADDRESS	1375 Doolittle Lane #304	
34 CITY-ST-ZIP	Dunedin, FL 34698	
41 TITLE	Secretary/Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Labnon, Donna	
43 STREET ADDRESS	1375 Doolittle Lane #305	
44 CITY-ST-ZIP	Dunedin, FL 34698	
51 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	O'Connell, John	
53 STREET ADDRESS	1375 Doolittle Lane #201	
54 CITY-ST-ZIP	Dunedin, FL 34698	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: *Sam Ventola* *S Ventola* DATE: **4/23/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)