

# 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

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

3. Date Incorporated or Qualified

07/14/1980

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2987587

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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.  
82 C/O C & N PROPERTY MANAGEMENT, INC.  
83 Street Address (P.O. Box Number is Not Acceptable)  
2697-B Sunset Point Road  
84 City Clearwater, FL  
85 Zip Code FL 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*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/96

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    |                      |  |
| 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/96

CR2E037 (12/95)