

FILE NOW: FILING FEE IS \$61.25

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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 2750 STATE ROAD 502 #207 CLEARWATER FL 34621 US XXXXXXXXXXXX	Mailing Address G/O PROGRESSIVE MGMT 2753 ST. 580 STE. 207 CLEARWATER FL 34621 US XXXXXXXXXXXX
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3. Date Incorporated or Qualified 07/14/1980	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 27 c/o C&N PROP MGMT INC Suite, Apt. #, etc 22 697B SUNSET PT RD City & State 23 CLEARWATER, FL Zip 24 33759	2a. Mailing Address 25 c/o C&N PROP MGMT INC Suite, Apt. #, etc 27 2697B SUNSET PT RD City & State 28 CLEARWATER, FL Zip 29 33759	Country 25 USA	Country 30 USA
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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	

9. Name and Address of Current Registered Agent
NASSER, WILLIAM J.
% C & N PROPERTY MGMT, INC
2697-B SUNSET POINT ROAD
CLEARWATER FL 34619 33759

10. Name and Address of New Registered Agent
81 Name
NASSER, WILLIAM J.
82 Street Address (P.O. Box Number is Not Acceptable)
c/o C&N PROP GMT INC
83 **2697B SUNSET PT RD**
84 City
CLEARWATER
85 Zip Code
FL 33759

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 **4/26/97**
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOIA, SUE	1.2 NAME	
STREET ADDRESS	1375 DOOLITTLE LANE, #304	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENTOLA, SAM	2.2 NAME	
STREET ADDRESS	1375 DOOLITTLE LANE, #203	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOIA, LEONARD	3.2 NAME	
STREET ADDRESS	1375 DOOLITTLELANE, #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABNON, DONNA	4.2 NAME	
STREET ADDRESS	1375 DOOLITTLE LANE, #305	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, JOHN	5.2 NAME	
STREET ADDRESS	1375 DOOLITTLE LANE, #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP	
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 do 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: *Sandra B. Mortham* DATE: **4/25/97** TELEPHONE: **813-799-0079**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)