


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2697 B SUNSET PT RD CLEARWATER FL 33759 US</b>	Mailing Address <b>2697 B SUNSET PT RD CLEARWATER FL 33759 US</b>
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3. Date Incorporated or Qualified  
**07/14/1980**

4. FEI Number <b>59-2987587</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TOIA, SUE</b>
STREET ADDRESS	<b>1375 DOOLITTLE LANE, #304</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>VENTOLA, SAM</b>
STREET ADDRESS	<b>1375 DOOLITTLE LANE, #203</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TOIA, LEONARD</b>
STREET ADDRESS	<b>1375 DOOLITTLE LANE, #304</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LABNON, DONNA</b>
STREET ADDRESS	<b>1375 DOOLITTLE LANE, #305</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>O'CONNELL, JOHN</b>
STREET ADDRESS	<b>1375 DOOLITTLE LANE, #201</b>
CITY-ST-ZIP	<b>DUNEDIN FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Pianetto, Nicholas TD</b>
1.3 STREET ADDRESS	<b>1375 DOOLITTLE LANE, #304</b>
1.4 CITY-ST-ZIP	<b>DUNEDIN FL</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **John O'Connell** **JOHN O'CONNELL** **4/18/98**

CP2E037 (10/97)