FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

2. Principal Place of Business

SIGNATURE: 📐

753329

HEATHER RIDGE WEST III ASSOCIATION, INC.

Principal Place of Business 3438 East Lake Rd. #22 Palm Harbor, FL 34685

Mailing Address 3438 East Lake Rd. #22

2a. Mailing Address

Palm Harbor, FL 34685

FILED May 10, 1999 8:00 am Secretary of State

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05-10-1999 90293 014 ****61.25

Suite, Ap		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28		3. Date Incorporated or Qualifed 7/14/80 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required
24	25	Zip	Country	6. Election Campaign Financing \$5.00
-	9. Name and Address of Current	29	30	Trust Fund Contribution Added to Fees
	The same Address of Current	Registered Agent		10. Name and Address of New Registered Agent
William J. Nasser 2697B Sunset Point Rd.			82 Street Ad	ames M. Nolan ddress (P.O. Box Number is Not Acceptable)
Clearwater, FL 33759				138 East Lake Rd. #22
creatwater, FL 33/39			83	
84 City Palm Harbor 도 85 같아 오랫동				
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 change was authorized by the corporation's board of directors. I hereby accent the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accent the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accent the appointment of the purpose of change in the purpose of cha				
SIGNATURE A M Role 4/2-6/00				
12.	signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Régistered Agent signature requ	ited when reinstation
TITLE	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	PD	☐ DELETE	1.1 TILE	
NAME	Samuel Ventola		1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	1375 Doolittle In #203		1.3 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	
NAME	John O'Connell		2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	1375 Doolittle Lane		2.3 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698		2. 4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	
NAME	Nicholas Pianetto		3.2 NAME	☐ Change ☐ Addition ☐
STREET ADDRESS	1375 Doolittle Ln #304		3.3 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698			
TITLE		DELETE	3.4. CITY-ST-ZIP	
NAME		—,:	4. 2 NAME	☐ Change ☐ Addition
STREET ADDRESS			_	
CITY-ST-ZIP			4.3 STREET ADDRESS	
TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	
NAME			5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	
NAME			6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS				1
CITY-ST-ZIP			6.3 STREET ADDRESS	1
14. I hereby co	rtify that the information supplied with this	filing does not qualify for the	6.4 CITY-ST-ZIP	
indicated or officer or dir Block 12 or	n this annual report or supplemental annu- rector of the corporation or the receiver of Block 13 if chapped, or on an attachmen	tal report is true and accurate r trustee empowered to execute with an address, with all oth	e exemption stated in S and that my signature ute this report as required the empowered.	Section 119.07(3)(i), Florida Statutes. I further certify that the information is shall have the same legal effect as if made under oath; that I am an arred by Chapter 617, Florida Statutes; and that my name appears in

Samuel Ventor

4/29/99