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May 10, 1999 8:00 am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 753329  
1. Corporation Name  
HEATHER RIDGE WEST III ASSOCIATION, INC.

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

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 7/14/80  
22 City & State 27 City & State 4. FEI Number 59-2987587 Applied For Not Applicable  
23 Zip Country 28 Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  
24 25 29 30 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
William J. Nasser  
2697B Sunset Point Rd.  
Clearwater, FL 33759  
10. Name and Address of New Registered Agent  
81 Name James M. Nolan  
82 Street Address (P.O. Box Number is Not Acceptable) 3438 East Lake Rd. #22  
83  
84 City Palm Harbor FL 85 Zip Code 34685

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 *James M. Nolan* 4/28/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel Ventola	1.2 NAME	
STREET ADDRESS	1375 Doolittle Ln #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John O'Connell	2.2 NAME	
STREET ADDRESS	1375 Doolittle Lane	2.3 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nicholas Pianetto	3.2 NAME	
STREET ADDRESS	1375 Doolittle Ln #304	3.3 STREET ADDRESS	
CITY-ST-ZIP	Dunedin, FL 34698	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: *Samuel Ventola* Samuel VENTOLA 4/29/99 727 755 8887  
Pres