

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 APR 24 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morning Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11725 (1)
1. Corporation Name
HEATHER RIDGE OWNERS ASSOCIATION, INC.

Principal Place of Business 1890 S. 14TH STREET, SUITE 105 PO BOX 1408 FERNANDINA BCH. FL 32034	Mailing Address 1890 S. 14TH STREET, SUITE 105 PO BOX 1408 FERNANDINA BCH. FL 32034
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2. Principal Place of Business 21 2215 EAST STATE ROAD 200	2a. Mailing Address 26 P O BOX 1408
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State YULEE FL	28 City & State FERNANDINA BEACH FL
24 Zip 32097	25 Country US
29 Zip 32035-1408	30 Country US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/24/1985	3a. Date of Last Report 03/28/1994
4. FEI Number 59-2501759	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TERRELL J. POWELL 1890 S. 14TH STREET, SUITE 105 FERNANDINA BCH FL 32034		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 2215 EAST STATE ROAD 200		
83	84 City YULEE FL		
	85 Zip Code 32097		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME WILLIAMS, JUANITA	1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7116 PRESTWICK CIR S.	CITY - ST - ZIP JACKSONVILLE FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE D	NAME HECTOR, GARCIA	2.1 TITLE VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7132 PRESTWICK CIR S.	CITY - ST - ZIP JACKSONVILLE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE PD	NAME YONASH, BENJAMIN	3.1 TITLE DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7115 PRESTWICK CIR N.	CITY - ST - ZIP JACKSONVILLE FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE D	NAME GULDENSCHUH, KENNETH	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7113 PRESTWICK CIR N.	CITY - ST - ZIP JACKSONVILLE FL	4.2 NAME ROBERT SPRATLEY	
		4.3 STREET ADDRESS 7103 PRESTWICK CIRCLE N	
		4.4 CITY - ST - ZIP JACKSONVILLE FL	
TITLE D	NAME WINISKI, BETTY	5.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7109 PRESTWICK CIR N	CITY - ST - ZIP JACKSONVILLE FL	5.2 NAME WINISKI, BETTY	
		5.3 STREET ADDRESS 7054 PRESTWICK CIRCLE S	
		5.4 CITY - ST - ZIP JACKSONVILLE FL	
TITLE	NAME	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME RENBERG, RICHARD	
CITY - ST - ZIP		6.3 STREET ADDRESS 7041 PRESTWICK CIRCLE NORTH	
		6.4 CITY - ST - ZIP JACKSONVILLE FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided 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: Betty Winiski 4/1/95 904-777-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
BETTY WINISKI