

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11725 (1)**
1. Corporation Name

HEATHER RIDGE OWNERS ASSOCIATION, INC.



Principal Place of Business: **2215 EAST STATE ROAD 200 YULEE FL 32097 US**
Mailing Address: **P.O. BOX 1408 FERNANDINA BEACH FL 32035-1408 US**

3. Date incorporated or Qualified: **10/24/1985**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **6983 103 ST**
2a. Mailing Address: **P.O. Box 7490**

4. FEI Number: **59-2501759**
Applied For: Not Applicable

Suite, Apt. #, etc.: **# 6**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **JACKSONVILLE, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **32210** Country: **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

29. Zip: **32238** 30. Country: **U.S.A.**

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**TERRELL J. POWELL
2215 EAST STATE ROAD 200
YULEE FL 32097**

81 Name: **BETTY WINISKI**
82 Street Address (P.O. Box Number is Not Acceptable): **6983-6 103 ST**
83
84 City: **JACKSONVILLE** FL 85 Zip Code: **32210**

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: **BETTY WINISKI (Pres.)** (NOTE: Registered Agent signature required when reinstating.) DATE: **5/30/96**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JUANITA	
STREET ADDRESS	7116 PRESTWICK CIR S.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HECTOR, GARCIA	
STREET ADDRESS	7132 PRESTWICK CIR S.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RENBERG, RICHARD	
STREET ADDRESS	7041 PRESTWICK CIRCLE NORTH	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPRATLEY, ROBERT	
STREET ADDRESS	7103 PRESTWICK CIRCLE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINISKI, BETTY	
STREET ADDRESS	7054 PRESTWICK CIRCLE S.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6983-6 103 ST
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6983-6 103 ST
2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	6983-6 103 ST
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	500001831625
4.3 STREET ADDRESS	-05/21/96--01039--041
4.4 CITY - ST - ZIP	***61.25
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	6983-6 103 ST
5.4 CITY - ST - ZIP	JACKSONVILLE, FL 32210
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated 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** DATE: **5/30/96** DAYTIME PHONE: **904-777-0728**

CR2E037 (12/95)