


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>6983-6 103 STREET JACKSONVILLE FL 32210 US</b>	Mailing Address <b>P.O. BOX 7470 JACKSONVILLE FL 32236-0470 US</b>
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2. Principal Place of Business <b>21 6028 CHESTER AVE</b> Suite, Apt #, etc. <b>22 # 202</b> City & State <b>23 JACKSONVILLE, FL</b> Zip <b>24 32217</b>	2a. Mailing Address <b>26 P.O. Box 57911</b> Suite, Apt #, etc. <b>27</b> City & State <b>28 JACKSONVILLE, FL</b> Zip <b>29 32241</b>	3. Date Incorporated or Qualified <b>10/24/1985</b>	3a. Date of Last Report <b>05/20/1996</b>	4. FEI Number <b>59-2501759</b>	Applied For <input type="checkbox"/> Not Applicable
		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>		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
**WINIEKI, BETTY**  
**6983-6 103 STREET**  
**JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent  
**81 Name R.S. PRIBBLE**  
**82 Street Address (P.O. Box Number is Not Acceptable) 6028 CHESTER AVE**  
**83 # 202**  
**84 City JACKSONVILLE FL 85 Zip Code 32217**

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 **R.S. PRIBBLE** *R.S. Pribble* DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, JUANITA</b>	
STREET ADDRESS	<b>6983-6 103 STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HECTOR, GARCIA</b>	
STREET ADDRESS	<b>6983-6 103 STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RENBORG, RICHARD</b>	
STREET ADDRESS	<b>6983-6 103 STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WINISKI, BETTY</b>	
STREET ADDRESS	<b>6983-6 103 STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAM EDMUNDS</b>	
STREET ADDRESS	<b>6028 CHESTER AVE,</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32217</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>R.S. PRIBBLE</b>	
1.3 STREET ADDRESS	<b>6028 CHESTER AVE</b>	
1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32217</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>KAREN MOKA</b>	
2.3 STREET ADDRESS	<b>6028 CHESTER AVE</b>	
2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32217</b>	
3.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PATRICIA OTT</b>	
3.3 STREET ADDRESS	<b>6028 CHESTER AVE</b>	
3.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32217</b>	
4.1 TITLE	<b>D,</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>B. FERST</b>	
4.3 STREET ADDRESS	<b>6028 CHESTER AVE,</b>	
4.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32217</b>	
5.1 TITLE	<b>D,</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>HECTOR GARCIA</b>	
5.3 STREET ADDRESS	<b>6028 CHESTER AVE</b>	
5.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32217</b>	
6.1 TITLE	<b>D,</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>FIORA DEMETER</b>	
6.3 STREET ADDRESS	<b>6028 CHESTER AVE.</b>	
6.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32217</b>	

14. I do 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: **R.S. PRIBBLE** *R.S. Pribble* DATE **15 MAY 97** DAYTIME PHONE **904-260-9183**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)