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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 6028 CHESTER AVE #202 JACKSONVILLE FL 32217 US		Mailing Address P.O. BOX 57911 JACKSONVILLE FL 32241 US	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/24/1985	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2501759	Applied For Not Applicable
City & State 23	City & State 28	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
Zip 24	Country 25	Zip 29	Country 30

7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

PRIBBLE, R.S.
6028 CHESTER AVE #202 JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name Moka, Karen
82 Street Address (P.O. Box Number Is Not Acceptable) 6028 Chester Ave.
83 Suite # Suite # 202
84 City Jacksonville
85 Zip Code FL 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 *Karen Moka* **Karen Moka, President** **4-17-98**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	PRIBBLE, R.S.	1.1 TITLE VPD	Wills, Barbara
NAME		1.2 NAME	
STREET ADDRESS 6028 CHESTER AVE	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 6028 Chester Ave.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP Jacksonville, Fl 32217	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOKA, KAREN		2.2 NAME	
STREET ADDRESS 6028 CHESTER AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OTT, PATRICIA		3.2 NAME Zetterower, Sandra	
STREET ADDRESS 6028 CHESTER AVE.		3.3 STREET ADDRESS 6028 Chester Ave.	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP Jacksonville, Fl 32217	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FEEST, B.		4.2 NAME Szubinski, Madeline	
STREET ADDRESS 6028 CHESTER AVE		4.3 STREET ADDRESS 6028 Chester Ave.	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP Jacksonville, Fl 32217	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GARCIA, HECTOR		5.2 NAME Rust, Amy	
STREET ADDRESS 6028 CHESTER AVE.		5.3 STREET ADDRESS 6028 Chester Ave.	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP Jacksonville, Fl 32217	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMETER, FLORA		6.2 NAME	
STREET ADDRESS 6028 CHESTER AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		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.

SIGNATURE: *Karen Moka* **Karen Moka, President** **4-17-98 904-260-9183**

CR2E037 (10/97)