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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11725

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
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2. Principal Place of Business 21 <u>1202 Kingsley Ave</u> <u>Orange Park, FL 32073</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>Same as #2</u> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/24/1985
22 City & State 23 <u>Orange Park, FL</u>	27 City & State 28	4. FEI Number 59-2501759 Applied For Not Applicable
24 Zip 32073	25 Country USA	29 Country 30
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

9. Name and Address of Current Registered Agent MOKA, KAREN 6028 CHESTER AVE STE 202 JACKSONVILLE FL 32217	10. Name and Address of New Registered Agent 81 Name <u>Jane h. Allen</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>1202 Kingsley Ave</u> 83 <u>Orange Park</u> 84 City <u>FL</u> 85 Zip Code <u>32073</u>
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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 Jane h. Allen DATE 1-11-99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD <input type="checkbox"/> DELETE	WILLS, BARBARA	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President
NAME	6028 CHESTER AVE	1.2 NAME	Wills, Barbara
STREET ADDRESS	JACKSONVILLE FL 32217	1.3 STREET ADDRESS	7125 Prestwick Circle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Jacksonville, FL 32244
TITLE P <input checked="" type="checkbox"/> DELETE	MOKA, KAREN	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	remove
NAME	6028 CHESTER AVE.	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE STD <input type="checkbox"/> DELETE	ZETTEROWER, SANDRA	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6028 CHESTER AVE	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32217	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	SZUBINSKI, MADELINE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6028 CHESTER AVE	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32217	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE	GARCIA, HECTOR	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	remove
NAME	6028 CHESTER AVE.	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	DEMETER, FLORA	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6028 CHESTER AVE.	6.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	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: **SIGNATURE REQUIRED** Barbara J Wills Date Jan 15, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)