

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90105 044 ****61.25

DOCUMENT # *N 11725*
1. Entity Name
Heather Ridge Owners Association, Inc.

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421505

2. Principal Place of Business
4759 Leopard Circle
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 949
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Middleburg, Florida

City & State
Middleburg, Florida

4. FEI Number
59-2501759

Applied For
Not Applicable

Zip
32068

Country
US

Zip
32050

Country
US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Delcomyn, Vina C.

Street Address (P.O. Box Number is Not Acceptable)
4759 Leopard Circle

City
Middleburg

FL

Zip Code
32068

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Vina C. Delcomyn, Vina C. Delcomyn* *2/18/02*
Signature, typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE	<i>PD</i> <i>Namoy, David</i>	TITLE	
NAME	<i>7021 Prestwick Circle</i>	NAME	
STREET ADDRESS	<i>Jacksonville, Fl. 32244</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>VPD</i> <i>Blouch, Kimberly</i>	TITLE	
NAME	<i>7019 Prestwick Circle</i>	NAME	
STREET ADDRESS	<i>Jacksonville, Fl. 32244</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>SD</i> <i>Jackson, Kadrina</i>	TITLE	
NAME	<i>7041 Prestwick Circle</i>	NAME	
STREET ADDRESS	<i>Jacksonville, Fl. 32244</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>TD</i> <i>Mason, Linda</i>	TITLE	
NAME	<i>7063 Prestwick Circle</i>	NAME	
STREET ADDRESS	<i>Jacksonville, Fl. 32244</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>D</i> <i>Szabinski, Madeline</i>	TITLE	
NAME	<i>7112 Prestwick Circle</i>	NAME	
STREET ADDRESS	<i>Jacksonville, Fl. 32244</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<i>D</i> <i>Stooksburg, Mary</i>	TITLE	
NAME	<i>7108 Prestwick Circle</i>	NAME	
STREET ADDRESS	<i>Jacksonville, Fl. 32244</i>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Namoy* *2/21/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)