


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90196 033 \*\*\*\*61.25

<b>DOCUMENT # N11725</b> 1. Entity Name HEATHER RIDGE OWNERS ASSOCIATION, INC.		
Principal Place of Business 4759 LEOPARD CIRCLE MIDDLEBURG, FL 32068 US		Mailing Address P OBOX 949 MIDDLEBURG, FL 32050 US
2. Principal Place of Business 4213 County Rd #218 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State Middleburg, Florida		City & State
Zip 32068 Country US		Zip Country
4. FEI Number 59-2501759		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DELCOMYN, VINA C 4759 LEOPARD CIRCLE MIDDLEBURG, FL 32068		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <i>Vina C. Delcomyn</i> VINA C. DELCOMYN		DATE
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D <input checked="" type="checkbox"/> Delete NAME NAMEY, DAVID STREET ADDRESS 7021 PRESTWICK CIRCLE N CITY-ST-ZIP JACKSONVILLE, FL 32244	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME WEST, DEAN STREET ADDRESS 7124 Prestwick Circle CITY-ST-ZIP JACKSONVILLE, FL 32244	
TITLE PD <input checked="" type="checkbox"/> Delete NAME EVANS, SUSAN STREET ADDRESS P.O. BOX 65370 CITY-ST-ZIP ORANGE PARK, FL 32065	WPD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Welton, Steven STREET ADDRESS 7115 Prestwick Circle CITY-ST-ZIP JACKSONVILLE, FL 32244	
TITLE VD <input checked="" type="checkbox"/> Delete NAME BARTLETT, WILLIAM STREET ADDRESS 7136 S PRESTWICK CIRCLE CITY-ST-ZIP JACKSONVILLE, FL 32244	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Walker, Josie STREET ADDRESS 7063 Prestwick Circle CITY-ST-ZIP JACKSONVILLE, FL 32244	
TITLE D <input checked="" type="checkbox"/> Delete NAME UPDIKE, SHERI STREET ADDRESS 7132 PRESTWICK CIRCLE CITY-ST-ZIP JACKSONVILLE, FL 32244	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Kelly, Laura STREET ADDRESS 7112 Prestwick Circle CITY-ST-ZIP JACKSONVILLE, FL 32244	
TITLE D <input checked="" type="checkbox"/> Delete NAME HAMILTON, PEARL STREET ADDRESS 7048 PRESTWICK CIRCLE CITY-ST-ZIP JACKSONVILLE, FL 32244	D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Daniels, Donna STREET ADDRESS 7141 Prestwick Circle CITY-ST-ZIP JACKSONVILLE, FL 32244	
TITLE D <input checked="" type="checkbox"/> Delete NAME BACOTE, SERGIO STREET ADDRESS 7066 PRESTWICK CIRCLE CITY-ST-ZIP JACKSONVILLE, FL 32244	D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Zagorski, Helen STREET ADDRESS 7021 Prestwick Circle CITY-ST-ZIP JACKSONVILLE, FL 32244	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>[Signature]</i>		Date 2/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		