FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STALE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(2)

Heath	ER DOWNS NEIGHBORHO	OD ASSOCIATION, INC.	•					
Principal Place	e of Business	Mailing Address				E EGORITISE DIO ESPIE CONOL INVITO FISCI DALE SIDILO	ASTER CONTRACTOR OF STATE STATE STATE OF STATE STATE STATE STATE OF STATE STAT	
4131 GUNN HWY		4131 GUNN HWY		3. Date Incorporated or Qualified		_		
TAMPA FL 33624		TAMPA FL 33624 US			08/09/1988			
03		us				4. FEI Number	Applied For	_
						65-0166915	Not Applicab	le
2. Principal P	lace of Business	2a. Mailing Address 26				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
City & State	9	City & State	City & State			7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid the co	urrent year Intangible	_
24	25	29	30			Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curren	nt Registered Agent				Name and Address of New Registered	Agent	
1			18	31 Na	me			
GREENACRE PROPERTIES INC			1	32 Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		_
	INN HIGHWAY					· · · · · · · · · · · · · · · · · · ·		
tampa f	FL 33624		1	33				
			1	34 Cit	у	FI	85 Zip Code	_
11. Pursuant i office or re agent. I as	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was at ations of, Section 617.0503, Flor	s, the about horized rida Statu	ove-nan by the tes.	ned corpo corporatio	pration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered pointment as registered	d
SIGNATURE								
12.	Signature, typed or printed name of registered age OFFICERS ANI		Registered /	Agent sign	ature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	_
TITLE	STD	D DIALCTORS DELETE)	1.1 TITL		1	STD .	Change Additio	าก
NAME	SHUKUR, KEVIN		1.2 NAM	_	1	Ritter, Andrew		
STREET ADDRESS	17418 HEATHER OAKS PL		1.2.11.11	ET ADDRI	1	1904 Heather Glenn et	_	
CITY-ST-ZIP	TAMPA FL 33647			-ST-2/P	3	ranga FL 33647		
TITLE	VP/D	☐ DELETE	2.1 TITL			THE SOUTH	☐ Change ☐ Additio	n
NAME	STINE, JOHN		2.2 NAM	E	ŀ			
STREET ADDRESS	17412 HEATHER OAK PL		2.3 STR	ET ADDRE	ss			
CITY-SY-ZIP	TAMPA FL 33647		2.4 010	/-ST-ZIP				
TITLE	P/D	DELETE	3.1 TITU	E		· ·	☐ Change ☐ Additio	ın
NAME	FIFNER, DAVID		3.2 NAM	Ε				
STREET ADDRESS	8803 HEATHER GLEN CT.		3.3 STRE	ET ADDRE	ss			
מול דם עמם	TAMPA FI 33647		3 A CIT	/_ CT. 7ID				

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STHEET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

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Addition

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FILED

Jan 30 1998 8:00am

Secretary of State