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NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

HEATHER RIDGE VILLAS II ASSOCIATION, INC.

Solite, Apri 4, etc 22 27 1700 McMullen Booth Ros Replication S5.00 May Be Size City & State Suite City & State City & State City & State Suite City & State Suite City & State Suite City & State Suite City & Suite Suite City & Suite	* SEABOARD ARBORS MGM 1700 MCMULLEN BOOTH RD CLEARWATER FL 34618 US 2. Principal Place of Busine 21 Suite, Apt. #, etc.	STE C3	C/O LAURA J. RAYBURN 1968 BAYSHORE BLVD. DUNEDIN FL 34698-2500 US 28. Mailing Address 26 C/O Seaboat Suite, Apt. #, etc.	cd A			Date Incorporated or Qualified	3a. Date of Last F	deport
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20 28 29 34619 30 USA 10 Name and Address of New Registered Agent						СЗ			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socions 617 0502 and 617:1508, Florids Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Ottel of Florids Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Ottel of Florids Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Ottel of Florids Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Ottel of Florids Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Ottel of Florids Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Ottel of Florids Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, or board agent, or both, in the Ottel of Florids Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered agent, or board agent and set agent agent and set agent agent agent agent and set agent		Country	Grearwater,	Count	ry				
LEIGHTON, LEN \$ SEABOARD ARBORS MGMT SVCS INC 1700 MCMULLEN BOOTH RD, STE C3 CLEARWATER FL 34819 191. Pursuant to the provilence of Sections 617 0502 and 617, 1508. Florids Statute, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florids Statutes. SIGNATURE 190			29 34619 3	0	USA		· · · · · · · · · · · · · · · · · · ·		
LEIGHTON, LEN % SEABOARD ARBORS MGMT SVCS INC 1700 MCMULLEN BOOTH RD, STE C3 CLEARWATER FL 34619 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 again, 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 office or registered again, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 15. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 15. OFFICERS AND DIRECTORS 15. STREET ADDRESS CITY-51-2IP 15. VARIET ADDRESS 15. TITLE	9, Name a	nd Address of Current I	Registered Agent		<u> </u>		10. Name and Address of New Reg	istered Agent	
## SEABOARD ARBORS MGMT SVCS INC 1700 MCMULLEN BODTH RD, STE C3 CLEARWATER FL 34619 11. Pursuant to the provisions of Socions 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. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes SIGNATURE Signature, typed or prized name af registered agent and time it equicable. PD				8	1 Name				
### City ### B5 Zip Code 11. Pyreuant to the provisions of Sections 617 0502 and 617 1506, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered appoint on the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered appoint in the State of Florida Statutes. #### State		82 Street Add			Addres	ess (P.O. Box Number is Not Acceptable)			
CLIARWATER FL 34619 11. Pursuant to the provisions of Soctions 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or privated name of registed agent and title it applicable. (NOTE REGISTAND Agent algorithms required when revealed pile.)			,	8	3				
### Piresuant 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 sutherized by the corporation's board of directors. I hereby accept the appointment as registered agent agent and stic if includes the provisions of Sections 617.0503, Florida Statutes. ### Signature of registered agent and stic if includes Statutes. ### Signature of Priced name of registered agent and stic if includes its includes. ### Signature of Priced name of registered agent and stic if includes. ### PD				_					
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Signature, typed of printed name of registered agent and tits It applicable ROTE. ROTE. ROTE	agent. I am familiar with	, and accept the obligation	ons of, Section 617.0503, Flori	da Statut	es.	JUIALIUI	its board of directors. Thereby accep	t the appointment as	registered
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1. I do 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 tho 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.

FILED

Apr 21 1997 8:00am

Secretary of State