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FILED

Apr 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 745631 (2)

1. Corporation Name

HEATHER RIDGE VILLAS II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% SEABOARD ARBORS MGMT  
1700 MCMULLEN BOOTH RD. STE C3  
CLEARWATER FL 34619  
US

C/O LAURA J. RAYBURN  
1968 BAYSHORE BLVD.  
DUNEDIN FL 34698-2500  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 C/O Seaboard Arbors

22 City & State

27 1700 McMullen Booth Rd  
City & State Suite C3

23 Zip Country

28 Clearwater, FL  
Zip Country  
29 34619 30 USA

3. Date Incorporated or Qualified  
01/18/1979

3a. Date of Last Report  
02/21/1996

4. FEI Number

59-2987566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIGHTON, LEN  
% SEABOARD ARBORS MGMT SVCS INC  
1700 MCMULLEN BOOTH RD, STE C3  
CLEARWATER FL 34619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ~~XX~~DELETE  
NAME CLINCO, ANTHONY  
STREET ADDRESS 1557 HEATHER RIDGE BLVD.  
CITY-ST-ZIP DUNEDIN FL 34698

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD ~~XX~~DELETE  
NAME KIDD, JAMES  
STREET ADDRESS 1491 HEATHER RIDGE BLVD  
CITY-ST-ZIP DUNEDIN FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD ~~XX~~DELETE  
NAME GUY, VIRGINIA  
STREET ADDRESS 1511 HEATHER RIDGE BLVD.  
CITY-ST-ZIP DUNEDIN FL 34698

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE PD ☐ Change ~~XX~~Addition  
4.2 NAME Kampa, Geraldine  
4.3 STREET ADDRESS 1521 Heather Ridge Blvd.  
4.4 CITY-ST-ZIP Dunedin, Fl.

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE VPD ☐ Change ~~XX~~Addition  
5.2 NAME London, Virginia  
5.3 STREET ADDRESS 1801 E. Lake Road, 4G  
5.4 CITY-ST-ZIP Palm Harbor, Fl. 34684

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE SD ☐ Change ~~XX~~Addition  
6.2 NAME Entwistle, Lorraine  
6.3 STREET ADDRESS 1531 Heather Ridge Blvd.  
6.4 CITY-ST-ZIP

14. 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 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.

CR2E037 (9/96)