

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90064 049 ****61.25

DOCUMENT # N27820

1. Entity Name

HEATHER DOWNS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4131 GUNN HWY
 TAMPA FL 33624
 US

4131 GUNN HWY
 TAMPA FL 33624
 US

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0166915

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENACRE PROPERTIES INC
4131 GUNN HIGHWAY
TAMPA FL 33624

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **STD** Delete
 NAME: **RITTER, ANDREW**
 STREET ADDRESS: **8804 HEATHER GIEN CT**
 CITY-ST-ZIP: **TAMPA FL 33647**

TITLE: *Treasurer / D* Change Addition
 NAME: *Monty Bryan*
 STREET ADDRESS: *8808 Heather Glen*
 CITY-ST-ZIP: *Tampa, FL 33647*

TITLE: **VP/D** Delete
 NAME: **STINE, JOHN**
 STREET ADDRESS: **17412 HEATHER OAK PL**
 CITY-ST-ZIP: **TAMPA FL 33647**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **P/D** Delete
 NAME: **FIFNER, DAVID**
 STREET ADDRESS: **8803 HEATHER GLEN CT.**
 CITY-ST-ZIP: **TAMPA FL 33647**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **DUNK, PATSY**
 STREET ADDRESS: **8806 HEATHER GLEN CT**
 CITY-ST-ZIP: **TAMPA FL 33647**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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: _____

Monty Bryan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/01

Daytime Phone #

CR2E037 (10/00)