

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90148 034 \*\*\*\*61.25

**DOCUMENT # 745631**

1. Entity Name

**HEATHER RIDGE VILLAS II ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**40347 US 19 NORTH  
SUITE 201  
TARPON SPRINGS FL 34689  
US****P.O. BOX 695  
TARPON SPRINGS FL 34688-0695  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2987566**

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

**KARAGIANIS, IRENE  
40347 US 19 N. , SUITE 201  
TARPON SPRINGS FL 34689**

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	PD	<input type="checkbox"/> Delete
NAME	MCCAFERTY, W E	
STREET ADDRESS	1551 HEATHER RIDGE BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	HOPPE, WARREN	
STREET ADDRESS	1517 HEATHER RIDGE BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GARRABRANT, ROSE	
STREET ADDRESS	1527 HEATHER RIDGE BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOPPE, WARREN	
STREET ADDRESS	1517 HEATHER RIDGE BLVD	
CITY-ST-ZIP	DUNEDIN FL 34689	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCAFERTY, WILLIAM	
STREET ADDRESS	1551 HEATHER RIDGE BLVD	
CITY-ST-ZIP	DUNEDIN FL 34689	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy, Norman	
STREET ADDRESS	1507 Heather Ridge Blvd.	
CITY-ST-ZIP	Dunedin, FL 34698	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Quinlan, Nannette	
STREET ADDRESS	1557 Heather Ridge Blvd.	
CITY-ST-ZIP	Dunedin, FL 34698	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 January 2002 727-942-4755

Daytime Phone #

CR2E037 (9/01)