

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90036 035 ****61.25

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1. Entity Name

HEATHER RIDGE VILLAS II ASSOCIATION, INC.



Principal Place of Business

40347 US 19 NORTH
SUITE 201
TARPON SPRINGS FL 34689
US

Mailing Address

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 & State

City & 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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCAFFERTY, W E ☐ Delete
STREET ADDRESS 1551 HEATHER RIDGE BLVD
CITY-ST-ZIP DUNEDIN FL 34698

TITLE STD
NAME HOPPE, WARREN ☐ Delete
STREET ADDRESS 1517 HEATHER RIDGE BLVD
CITY-ST-ZIP DUNEDIN FL 34698

TITLE VPD
NAME GARRABRANT, ROSE ☐ Delete
STREET ADDRESS 1527 HEATHER RIDGE BLVD
CITY-ST-ZIP DUNEDIN FL 34698

TITLE D
NAME ROY, NORMAN ☐ Delete
STREET ADDRESS 1507 HEATHER RIDGE BLVD
CITY-ST-ZIP DUNEDIN FL 34689

TITLE D
NAME QUINLAN, NANNETTE ☐ Delete
STREET ADDRESS 1557 HEATHER RIDGE BLVD
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 2/25/04 727-942-4755