

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000007647

Entity Name: HEATHER RIDGE VILLAS MASTER ASSOCIATION I - X, INC.

Current Principal Place of Business:

3005 COUNTRY WOODS LANE
PALM HARBOR, FL 34683

Current Mailing Address:

P.O. BOX 1372
PALM HARBOR, FL 34682 US

FEI Number: 80-0455602

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRISON, SHARI
3005 COUNTRY WOODS LANE
PALM HARBOR, FL 34683 US

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: SHARI MORRISON

05/27/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name STOWELL, ARNOLD
Address PO BOX 1004
City-State-Zip: DUNEDIN FL 34697

Title DIRECTOR
Name HARRIS, SYLVIA
Address PO BOX 1004
City-State-Zip: DUNEDIN FL 34697

Title DIRECTOR
Name WEBER, TRACY
Address PO BOX 1004
City-State-Zip: DUNEDIN FL 34697

Title DIRECTOR
Name NADER, GARY
Address PO BOX 1004
City-State-Zip: DUNEDIN FL 34697

Title SECRETARY
Name DIAMOND, MARY BETH
Address PO BOX 1004
City-State-Zip: DUNEDIN FL 34697

Title DIRECTOR
Name BAY, VALERIE
Address PO BOX 1004
City-State-Zip: DUNEDIN FL 34697

Title DIRECTOR
Name DECKARD, RONALD
Address PO BOX 1004
City-State-Zip: DUNEDIN FL 34697

Title VP
Name FEINGOLD, SUSAN
Address PO BOX 1004
City-State-Zip: DUNEDIN FL 34697

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA BURKE

PRESIDENT

05/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name BURKE, LINDA
Address PO BOX 1004
City-State-Zip: DUNEDIN FL 34697

Title SECRETARY
Name BURKE, SANDRA
Address P.O. BOX 1004
City-State-Zip: DUNEDIN FL 34697