

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007647

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

**Current Principal Place of Business:**

1585 MAIN ST.  
DUNEDIN, FL 34698

**Current Mailing Address:**

P.O. BOX 1004  
DUNEDIN, FL 34697 US

**FEI Number: 80-0455602**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARIE, WIBERG S  
1585 MAIN ST.  
DUNEDIN, FL 34698 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

Title SECRETARY  
Name BRYANT, JOHN  
Address PO BOX 1004  
City-State-Zip: DUNEDIN FL 34697

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

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

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

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

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

Title VP  
Name MARTINOV, DAVID  
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: DIANE KATZ**

**PRESIDENT**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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