

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007647

**FILED**  
**Feb 06, 2019**  
**Secretary of State**  
**4611240971CC**

**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           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           NIELSEN, PATRICIA  
Address        PO BOX 1004  
City-State-Zip: DUNEDIN FL 34697

Title           DIRECTOR  
Name           KATZ, DIANE  
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           VP  
Name           BOHANNON, TERESA  
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           DIRECTOR  
Name           FEINGOLD, SUSAN  
Address        PO BOX 1004  
City-State-Zip: DUNEDIN FL 34697

**Continues on page 2**

*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: SANDRA BURKE**

**PRESIDENT**

**02/06/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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