2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90110 047 ****61.25

744623

1. Entity Name
HEATHER RIDGE VILLAS I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
40347 US 19 N STE 201 TARPON SPGS, FL 34689 US	P.O. BOX 695 TARPON SPGS, FL US

02192005

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 59-2509638 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75**

6. Name and Address of Current Registered Agent

KARAGIANIS, IRENE
40347 US 19 N., STE 201
TARPON SPGS, FL 34689

7. Name and Address of New Registered Agent

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D BROOKS, MARIE 1391 HEATHER RIDGE BLVD DUNEDIN, FL 34698	☐	S.T.D.	☒ Change ☐
STD GARDNER, JOYCE 2119 EVAND ROAD DUNEDIN, FL 34698	☒ Delete Delete		☐ ☐
PD CARLSON, BRUCE 1395 HEATHER RIDGE BLVD DUNEDIN, FL 34698	☐	V.P.	☒ Change ☐
VPD LIVESEY, CLIFFORD 1401 HEATHER RIDGE BLVD. DUNEDIN, FL 34698	☐	PD.	☒ Change. ☐
	☐		☐ ☐
	☐		☐ ☐

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: Bruce L Carlson 11 March 2005 (727) 736 2745 (727) 942-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #