

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745631 (2)

1. Corporation Name

HEATHER RIDGE VILLAS II ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O LAURA J. RAYBURN
1988 BAYSHORE BLVD.
DUNEDIN FL 34698

C/O LAURA J. RAYBURN
1988 BAYSHORE BLVD.
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1979

3a. Date of Last Report

04/12/1994

4. FEI Number

59-2987566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Seaboard Arbors Management Services, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1700 McMullen Booth Road, Suite C-3

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

34619

Country

USA

Zip

34619

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAURA RAYBURN, P.A.
1988 BAYSHORE BLVD.
DUNEDIN FL 34698

81 Name

Len Leighton

82 Street Address (P.O. Box Number is Not Acceptable)

C/O Seaboard Arbors Management Services, Inc.

83

1700 McMullen Booth Road, Suite C-3

84 City

Clearwater, FL

FL

85 Zip Code

34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed and printed name of registered agent and the filer, if applicable.

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
CLINCO, ANTHONY
1557 HEATHER RIDGE BLVD.
DUNEDIN FL 34698

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
CROZIER, JAMES
1547 HEATHER RIDGE BLVD.
DUNEDIN FL 34698

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
VPD
Kidd, James
1491 Heather Ridge Blvd.
Dunedin, FL 34698
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
GUY, VIRGINIA
1511 HEATHER RIDGE BLVD.
DUNEDIN FL 34698

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Virginia Guy Virginia Guy Sec'y

4/18/95

726-7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature (Typed)

000001