

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90035 034 ****61.25

DOCUMENT # 745631 1. Entity Name HEATHER RIDGE VILLAS II ASSOCIATION, INC.					
Principal Place of Business 40347 US 19 NORTH SUITE 201 TARPON SPRINGS, FL 34689 US			Mailing Address P.O. BOX 695 TARPON SPRINGS, FL 34688-0695 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		Country	
4. FEI Number 59-2987566				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KARAGIANIS, IRENE 40347 US 19 N., SUITE 201 TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY LINDON, VIRGINIA 2655 NEBRASKA AVE #627 PALM HARBOR, FL 34684	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA KNIGHT, JEANINE 1471 HEATHER RIDGE BLVD DUNEDIN, FL 34698	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCAFFERTY, W.E. 1551 HEATHER RIDGE BLVD DUNEDIN, FL 34698	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP QUINLAN, NANNETTE 1557 HEATHER RIDGE BLVD DUNEDIN, FL 34698	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Nannette Quinlan</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 03/07/08		
Daytime Phone #: 727-942-4755					