

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90118 022 ****61.25

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DOCUMENT # 751008

1. Corporation Name

HEATHER RIDGE VILLAS IV ASSOCIATION, INC.

Principal Place of Business

~~SEABOARD ARBORS MANAGEMENT SERVICES, INC.~~
~~1700 MCMULLEN BOOTH ROAD~~
~~CLEARWATER FL 34619~~
~~US~~

Mailing Address

~~1700 MCMULLEN BOOTH RD~~
~~SUITE C-3~~
~~CLEARWATER FL 34619~~
~~US~~



~~C/O JET PROP MGMT, INC~~

2. Principal Place of Business

21 **40347 US 19 N**

Suite, Apt. #, etc.

22 **SUITE 201**

City & State

23 **TARPOON SPRINGS**

Zip

24 **34689**

Country

25 **US**

2a. Mailing Address

26 **P.O. Box 695**

Suite, Apt. #, etc.

27

City & State

28 **TARPOON SPRINGS, FL**

Zip

29 **34689**

Country

30 **US**

3. Date Incorporated or Qualified

02/12/1980

4. FEI Number

59-2987569

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

9. Name and Address of Current Registered Agent

~~LEIGHTON, LEN~~

~~C/O SEABOARD ARBORS MANAGEMENT SERV. INC~~
~~1700 MCMULLEN BOOTH ROAD, SUITE C-3~~
~~CLEARWATER FL 34619~~

10. Name and Address of New Registered Agent

81 Name

TRENE KARAGIANIS

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

40347 US 19 N - SUITE 201

83

84 City

TARPOON SPRINGS

FL

85 Zip Code

34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Trene Karagianis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRESHGOLD, LILLIAN	
STREET ADDRESS	2204 MARSHALL DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MARTIN, DELORES	
STREET ADDRESS	2210 MARSHALL DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HIGGINBOTHAM, JEWEL	
STREET ADDRESS	2228 MARSHALL DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SERIO, FRANK	
STREET ADDRESS	2248 MARSHALL DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWLER, LORRAINE	
STREET ADDRESS	2196 MARSHALL DR.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Trene Karagianis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99 727-942-4755

DATE

Daytime Phone #

CR2E037 (11/98)