

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

7-82-00-1-0-11

FILED

Jul 22 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 753330

(0)

1. Corporation Name

HEATHER RIDGE WEST IV ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PROGRESSIVE MGMT  
2753 SR 580 SUITE 207  
CLEARWATER FL 34621-3345

C/O PROGRESSIVE MGMT  
2753 SR 580 SUITE 207  
CLEARWATER FL 34621-3345

3. Date Incorporated or Qualified

07/14/1980

4. FEI Number

59-2987589

Applied For

Not Applicable

2. Principal Place of Business

21 C/O C&N PROP. MGMT INC

Suite, Apt. #, etc.

22 2697-B SUNSET PT RD

City & State

23 CLEARWATER, FL

Zip

24 33759

Country

25

2a. Mailing Address

26 C/O C&N PROP MGMT INC

Suite, Apt. #, etc.

27 2697-B SUNSET PT RD

City & State

28 CLEARWATER, FL

Zip

29 33759

Country

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

NASSER, WILLIAM  
2697 B SUNSET PT RD  
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

*William Nasser*

7/13/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME REITER, SIMONE  
STREET ADDRESS 1370 HEATHER RIDGE BLVD #301  
CITY-ST-ZIP DUNEDIN FL

TITLE D ☒ DELETE

NAME PIENIACEZ, JOHN  
STREET ADDRESS 1370 HEATHER RIDGE BLVD, #208  
CITY-ST-ZIP DUNEDIN, FL 0

TITLE ST ☒ DELETE

NAME SHARP, CAROLE  
STREET ADDRESS 1370 HEATHER RIDGE BLVD #203  
CITY-ST-ZIP DUNEDIN FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME LIZARDY, TED  
2.3 STREET ADDRESS 1370 HEATHER RIDGE BLVD #302  
2.4 CITY-ST-ZIP DUNEDIN, FL

3.1 TITLE TD ☐ Change ☒ Addition

3.2 NAME RYAN, ELEANOR P.  
3.3 STREET ADDRESS 1370 HEATHER RDIGE BLVD #109  
3.4 CITY-ST-ZIP DUNEDIN, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(f), 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:

*Simone C. Keller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813)799-0079

CR2E037 (5/98)