

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753330

1. Entity Name

HEATHER RIDGE WEST IV ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2430 ESTANCIA BLVD  
SUITE 114  
CLEARWATER FL 33761  
US

2430 ESTANCIA BLVD  
SUITE 114  
CLEARWATER FL 33761  
US

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

59-2987589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CENTRAL MGMT  
2430 ESTANCIA BLVD  
SUITE 114  
CLEARWATER FL 33761

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.

Robert M. Norek-Senior Vice President

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	REITER, SIMONE	
STREET ADDRESS	1370 HEATHER RIDGE 301	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RYAN, ELEANOR P	
STREET ADDRESS	1370 HEATHER RIDGE 109	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MUSCHICK, GEORGE J	
STREET ADDRESS	1370 HEATHER RIDGE 108	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LANOLINI, JEAN	
STREET ADDRESS	1370 HEATHER RIDGE 202	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy West	
STREET ADDRESS	1370 Heather Ridge Blvd #304	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woody Miller	
STREET ADDRESS	1370 Heather Ridge Blvd #304	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Robert M. Norek-Senior Vice President

03 13 02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90065 022 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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