

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90035 033 ****61.25

DOCUMENT # 753330

1. Entity Name
HEATHER RIDGE WEST IV ASSOCIATION, INC.



Principal Place of Business
**2430, ESTANCIA BLVD
SUITE 114
CLEARWATER, FL 33761 US**

Mailing Address
**2430 ESTANCIA BLVD
SUITE 114
CLEARWATER, FL 33761 US**

54027386



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2987589

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 **DVP** ☒ Delete
NAME **CHONKO, JOSEPH**
STREET ADDRESS **1370 HEATHER RIDGE BLVD # 104**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **D** ☐ Change ☒ Addition
NAME **MILLER, ELWOOD**
STREET ADDRESS **1370 HEATHER RIDGE BLVD**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **PD** ☒ Delete
NAME **MUSCHICK, GEORGE J**
STREET ADDRESS **1370 HEATHER RIDGE 108**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **T** ☐ Change ☒ Addition
NAME **GROSS, WAYNE**
STREET ADDRESS **1370 HEATHER RIDGE BLVD**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **S** ☐ Delete
NAME **SHARP, CAROL**
STREET ADDRESS **5925 SHORE BLVD #606**
CITY-ST-ZIP **GULF PORT, FL 33707**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DRISCOLL, GORDON**
STREET ADDRESS **1370 HEATHER RIDGE BLVD #110**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

322-797-6011

Daytime Phone #