

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90087 046 ****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
--	--

50033255

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address C/O CMC, INC. 4175 EAST BAY DRIVE SUITE 205 City & State CLEARWATER, FLORIDA Zip 33764 Country USA
---	---



03232005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2987589	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLORIDA CENTRAL MGMT 2430 ESTANICA BLVD SUITE 114 CLEARWATER, FL 33761	7. Name and Address of New Registered Agent Name HAL HILDEBRANDT Street Address (P.O. Box Number is Not Acceptable) C/O CMC, INC. 4175 EAST BAY DRIVE, #205 City CLEARWATER FL Zip Code 33764
--	--

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 *Hal Hildebrandt* DATE **3/30/05**

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MILLER, ELWOOD 1370 HEATHER RIDGE BLVD DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GROSS, WAYNE 1370 HEATHER RIDGE BLVD DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHARP, CAROL 5925 SHORE BLVD #606 GULF PORT, FL 33707 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CELESE SPALDI 1370 HEATHER RIDGE BLVD #107 DUNEDIN FL. 34698 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRISCOLL, GORDON 1370 HEATHER RIDGE BLVD #110 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gordon D Driscoll* DATE **3/28/05** 727-734-4354

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR