FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 755866 (1)

1. Corporation Name

HEATHER RIDGE VILLAS V ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O LAURA J. RAYBURN 1988 BAYSHORE BLVD. DUNEDIN FL 34698	C/O LAURA J. RAYBURN 1988 BAYSHORE BLVD. DUNEDIN FL 34698

3. Date Incorporated or Qualified: 01/13/1981
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2509638 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Seaboard Arbors Management	26 Services, Inc.
Suite, Apt. #, etc. 22 1700 McMUllen Booth Road,	Suite, Apt. #, etc. 27 Suite C-3
City & State 23 Clearwater, Fl.	City & State 28 Clearwater, FL.
Zip / Country 24 34619 / 25 USA	Zip / Country 29 34619 / 30 USA

9. Name and Address of Current Registered Agent

LAURA RAYBURN, P.A.
1988 BAYSHORE BLVD.
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: Len Leighton
82 Street Address (P.O. Box Number is Not Acceptable): C/O Seaboard Arbors Management Services, Inc.
83 1700 McMullen Booth Road, Suite C-3
84 City: Clearwater, FL. FL 85 Zip Code: 34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert A Goldman 4/19/95
Signature, typed or printed name of Registered Agent and title if applicable — NOTE: Registered Agent signature required when reinstating(g) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	KULAGA, SUE	12 NAME	Goldman, Robert	
STREET ADDRESS	1581 PATTON DR.	13 STREET ADDRESS	1577 Patton Drive	
CITY-ST-ZIP	DUNEDIN FL 34698	14 CITY-ST-ZIP	Dunedin, FL. 34698	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	TYSON, HARRY	22 NAME	Magio, Dolores	
STREET ADDRESS	1531 PATTON DR.	23 STREET ADDRESS	1541 Patton Drive	
CITY-ST-ZIP	DUNEDIN FL 34698	24 CITY-ST-ZIP	Dunedin, Fl. 34698	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	GOLDMAN, GERRY	32 NAME	Dreyer, Dorothy	
STREET ADDRESS	1577 PATTON DR.	33 STREET ADDRESS	1567 Patton Drive	
CITY-ST-ZIP	DUNEDIN FL 34698	34 CITY-ST-ZIP	Dunedin, FL. 34698	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert Goldman ROBERT GOLDMAN 4-18-95 726-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000020