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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755866**

1. Corporation Name

HEATHER RIDGE VILLAS V ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1700 MCMULLEN BOOTH RD.~~ ~~SUITE C-3~~ ~~CLEARWATER FL 34619~~ ~~US~~	~~1700 MCMULLEN BOOTH RD.~~ ~~SUITE C-3~~ ~~CLEARWATER FL 34619~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 40347 US 19 N	26 P.O. Box 695	01/13/1981
Suite, Apt. #, etc. 22 SUITE 201	Suite, Apt. #, etc. 27	4. FEI Number 59-2509638 ☐ Applied For ☐ Not Applicable
City & State 23 TARPON SPRINGS, FL	City & State 28 TARPON SPRINGS, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34689 25 USA	Zip / Country 29 34689 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~LEIGHTON, LENNARD A~~
~~C/O SEABOARD ARBORS MGMNT SERV INC~~
~~1700 MCMULLEN BOOTH RD SUITE C-3~~
~~CLEARWATER FL 34619~~

10. Name and Address of New Registered Agent

81 Name: IRENE KARAGIANNS
82 Street Address (P.O. Box Number is Not Acceptable): 40347 US 19 N, SUITE 201
83
84 City: TARPON SPRINGS FL 85 Zip Code: 34689

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: Irene Karagianns 2-05-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAGIO, DOLORES 1541 PATTON DRIVE DUNEDIN FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OBERER, ROBERT 1537 PATTON DRIVE DUNEDIN FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VPD WEST, ARTIE 1547 PATTON DRIVE DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICH, JOSEPH 1551 PATTON DRIVE DUNEDIN FL 34698	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	D DREVER, DOROTHY 1567 PATTON DRIVE DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD TYSON, HARRY 1531 PATTON DR. DUNEDIN FL	☒ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D RICH, JOE 1551 PATTON DRIVE DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D GOLDMAN, ROBERT 1577 PATTON DRIVE DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Dolores Magio SIGNATURE REQUIRED 2-22-99 727-942-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #