

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90216 049 \*\*\*\*61.25

|                                                                                                                                                                                                                               |                                                                                                     |                                                                                                                                  |                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 755866</b>                                                                                                                                                                                                      |                                                                                                     |                                                 |                                                                                                                                         |
| 1. Entity Name<br>HEATHER RIDGE VILLAS V ASSOCIATION, INC.                                                                                                                                                                    |                                                                                                     |                                                                                                                                  |                                                                                                                                         |
| Principal Place of Business<br>40347 US 19N<br>STE 201<br>TARPON SPRINGS FL 34689<br>US                                                                                                                                       |                                                                                                     | Mailing Address<br>P.O. BOX 695<br>TARPON SPRINGS FL 34689<br>US                                                                 |                                                                                                                                         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                        |                                                                                                                                         |
| City & State                                                                                                                                                                                                                  |                                                                                                     | City & State                                                                                                                     |                                                                                                                                         |
| Zip                                                                                                                                                                                                                           | Country                                                                                             | Zip                                                                                                                              | Country                                                                                                                                 |
| 6. Name and Address of Current Registered Agent<br><br>KARAGIANIS, IRENE<br>40347 US 19N<br>#201<br>TARPON SPRINGS FL 34689                                                                                                   |                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>                                              |                                                                                                     |                                                                                                                                  |                                                                                                                                         |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b>                                                                                                                                                                  |                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees        |                                                                                                                                         |
|                                                                                                                                                                                                                               |                                                                                                     | <b>Make Check Payable to</b><br><b>Florida Department of State</b>                                                               |                                                                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                            |                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | D<br>LEWIS, DONALD<br>1581 PATTON DR<br>DUNEDIN FL 34698 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | P<br>BLACKWOOD, IRA<br>1581 PATTON DR.<br>Dunedin FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | VPD<br>GOLDMAN, ROBERT<br>1577 PATTON DRIVE<br>DUNEDIN FL 34698 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | PD<br>OBERER, ROBERT<br>1537 PATTON DRIVE<br>DUNEDIN FL 34698 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 119, 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 Goldman*

4/21/06 727-942-4755