

**- 2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED

**Feb 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # 768816	
1. Entity Name HEATHER RIDGE VILLAS VII ASSOCIATION, INC.	

Principal Place of Business SEABOARD ARBORS MGT SER INC 2189 CLEVELAND STREET, SUITE 225 CLEARWATER FL 33765 US	Mailing Address SEABOARD ARBORS MGT SER INC 2189 CLEVELAND STREET, SUITE 225 CLEARWATER FL 33765 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-2987572	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LEN LEIGHTON C/O SEABOARD ARBORS MGT SERV INC 2189 CLEVELAND STREET CLEARWATER FL 33765

7. Name and Address of New Registered Agent
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	(NOTE: Registered Agent signature required when responding)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008
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9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete VD SCHINKER, LLOYD 2138 EVANS RD DUNEDIN FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete STD WILSON, MARIA 2156 EVANS RD DUNEDIN FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PD KELLER, NEIL 2150 EVANS RD DUNEDIN FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000824769 02/20/08-80092-005 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 

2/4/08 222.733-7164