

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768816

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** HEATHER RIDGE VILLAS VII ASSOCIATION, INC.

**Current Principal Place of Business:**

SEABOARD ARBORS MGT SER INC  
2189 CLEVELAND STREET, SUITE 225  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

SEABOARD ARBORS MGT SER INC  
2189 CLEVELAND STREET, SUITE 225  
CLEARWATER, FL 33765 US

**New Mailing Address:**

**FEI Number:** 59-2987572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEN LEIGHTON  
C/O SEABOARD ARBORS MGT SERV INC  
2189 CLEVELAND STREET  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SCHINKER, LLOYD  
Address: 2138 EVANS RD  
City-St-Zip: DUNEDIN, FL 34698

Title: STD ( ) Delete  
Name: WILSON, MARIA  
Address: 2156 EVANS RD  
City-St-Zip: DUNEDIN, FL 34698

Title: PD ( ) Delete  
Name: KELLER, NEIL  
Address: 2150 EVANS RD  
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: WILSON, MARIA  
Address: 2156 EVANS RD  
City-St-Zip: DUNEDIN, FL 34698

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD ( ) Change (X) Addition  
Name: KELLER, NEIL  
Address: 2150 EVANS ROAD  
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL KELLER

PD

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date