



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90061 047 ****61.25

DOCUMENT # 770880 1. Entity Name HEATHER RIDGE VILLAS IX ASSOCIATION, INC.					
Principal Place of Business 40347 US 19N. SUITE 201 TARPON SPRINGS, FL 34689 US				Mailing Address P.O. BOX 695 TARPON SPRINGS, FL 34689 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KARAGIANIS, IRENE 40347 US 19N. SUITE 201 TARPON SPRINGS, FL 34689				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PDS	<input checked="" type="checkbox"/> Delete			
NAME	ELLSWORTH, VINCENT				
STREET ADDRESS	2190 EISEN HOWER DR				
CITY - ST - ZIP	DUNEDIN, FL 34698				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	CHAKERES, ANGELO				
STREET ADDRESS	2197 NIMITZ DR				
CITY - ST - ZIP	DUNEDIN, FL 34698				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	STRANGE, BILL				
STREET ADDRESS	2188 EISENHOWER				
CITY - ST - ZIP	DUNEDIN, FL 34698				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SATTLEY, ELSA				
STREET ADDRESS	2201 NIMITZ DRIVE				
CITY - ST - ZIP	DUNEDIN, FL 34698				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MURRAY, DONALD				
STREET ADDRESS	2207 NIMITZ DR				
CITY - ST - ZIP	DUNEDIN, FL 34698				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="text-align: right;"> 3/7/09 727-942-4755 <small>Date Daytime Phone #</small> </div>					