


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90044 024 ****61.25

DOCUMENT # N27474 1. Entity Name HEATHER PLACE CONDOMINIUM MERCHANTS ASSOCIATION, INC.					
Principal Place of Business 37937 HEATHER PL DADE CITY FL 33525 US			Mailing Address C/O ANDER P. GIBBS P O BOX 618 DADE CITY FL 33526-0618 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 41 Suite, Apt. #, etc.			
City & State Zip		City & State Dade City FL Zip 33525		4. FEI Number 59-2914066	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GIBBS, ANDER P. Dail, Kristine 37937 HEATHER PLACE DADE CITY FL 33525			7. Name and Address of New Registered Agent Name Kristine Dail Street Address (P.O. Box Number is Not Acceptable) 37919 Heather Place City Dade City FL Zip Code 33525		
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 <u>Kristine Dail</u> DATE <u>3/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NYE, WILLIAM F. 6445 GALL BLVD ZEPHYRHILLS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Kristine Dail 37919 Heather Pl Dade City FL 33525	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FATOPOLIS, WILLIAM 37941 HEATHER PL DADE CITY FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GIBBS, ANDER P. 37937 HEATHER PLACE DADE CITY FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: <u>Kristine Dail</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/29/05</u> <u>352.567.5996</u> <small>Date Daytime Phone #</small>		