

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90060 029 \*\*\*\*61.25

**DOCUMENT # N92000000223**

1. Entity Name

**HEATHER RIDGE NORTH MASTER ASSOCIATION, INC.**

Principal Place of Business

1700 MCMULLEN BOOTH RD.  
 STE. C-3  
 CLEARWATER FL 34619

Mailing Address

1700 MCMULLEN BOOTH RD.  
 STE. C-3  
 CLEARWATER FL 33759-2129

2. Principal Place of Business

C/O SEABOARD ARBORS  
 MANAGEMENT SVC, INC  
 2189 CLEVELAND STREET  
 SUITE 225  
 CLEARWATER, FL 33765  
 US

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C/O SEABOARD ARBORS  
 MANAGEMENT SVC, INC  
 2189 CLEVELAND STREET  
 SUITE 225  
 CLEARWATER, FL 33765  
 US



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3165311**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, LEN M  
 C/O SEABOARD ARBORS MANAGEMENT SVCS  
 1700 MCMULLEN BOOTH ROAD, STE C-3  
 CLEARWATER FL 34619

7. Name and Address of New Registered Agent

Name LEIGHTON, LEN  
 Street C/O SEABOARD ARBORS  
 MANAGEMENT SVC, INC  
 2189 CLEVELAND STREET  
 SUITE 225  
 CLEARWATER, FL 33765  
 City US

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PHELPS, ROBERT	
STREET ADDRESS	1450 HEATHER RIDGE BLVD 301	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GLORIA	
STREET ADDRESS	2211 EISENHOWER DR, 103	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DONOHUE, ROBT	
STREET ADDRESS	1470 HEATHER RIDGE BLVD., #101	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DRANSFIELD, JIM	
STREET ADDRESS	1485 HALSEY DR #204	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WRIGHT, JOHN	
STREET ADDRESS	1500 HEATHER RIDGE BLVD 102	
CITY-ST-ZIP	DUNEDIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON, ROSALEEN	
STREET ADDRESS	1450 HEATHER RIDGE BLVD #308	
CITY-ST-ZIP	DUNEDIN, FL	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHETHAM, LARRY	
STREET ADDRESS	1500 HEATHER RIDGE BLVD #103	
CITY-ST-ZIP	DUNEDIN, FL	
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 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:

*Signature of Robert Phelps*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00

CR2E037 (9/99)