2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000223

Apr 07, 2008 Secretary of State

Entity Name: HEATHER RIDGE NORTH MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434, SUITE 5000 2180 WEST SR 434 LONGWOOD, FL 327795044

SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 2180 WEST SR 434

LONGWOOD, FL 327795044 SUITE 5000

LONGWOOD, FL 327795044

FEI Number: 59-3165311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR HART, JAMES W JR. 2180 WEST SR 434, SUITE 5000 SENTRY MANAGEMENT INC LONGWOOD, FL 327795044 US 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 US

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: JAMES W HART JR 04/07/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BOWN, BOB BOWN, BOB Name: Name:

1470 HEATHER RIDGE BLVD., #101 Address: 1470 HEATHER RIDGE BLVD #107 Address:

City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698

Title: () Delete Title: () Change () Addition

EVANS, SHIRLEY Name: Name: Address: 1500 HEATHER RIDGE BLVD #106 Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

DRANSFIELD, EILEEN Name: DRANSFIELD, EILEEN Name: 1495 HALSEY DR. #204 Address: Address: 1485 HALSEY DR #204 City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: DUNEDIN, FL 34698

() Delete Title: PD Title: () Change () Addition

Name: BOWEN, ART Name: 2211 EISENHOWER DRIVE, #108 Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip:

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: ART BOWEN PD 04/07/2008