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FILED

Apr 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N92000000278 (3)**

1. Corporation Name

HEATHER HILL VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

**HEATHER HILLS VILLAS CLUBHOUSE
1092 LOCH HAVEN DR., N.
DUNEDIN FL 34698**

Mailing Address

**HEATHER HILLS VILLAS CLUBHOUSE
1092 LOCH HAVEN DR., N.
DUNEDIN FL 34698-6116**3. Date Incorporated or Qualified
11/06/19923a. Date of Last Report
05/01/1996

4. FEI Number

59-3165877

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**BRAINARD, C. SCOTT
100 SECOND AVENUE SOUTH
SUITE 701 CITY CENTER
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name

Florida Central Management, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

2430 Estancia Blvd. Ste. 114

83

84 City

Clearwater**FL**

85 Zip Code

34625

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/26/97
DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE
NAME **WYNNE, LOUISE**
STREET ADDRESS **1096 LOCH HAVEN DR. NORTH**
CITY - ST - ZIP **DUNEDIN FL 34698**TITLE **VD** ☒ DELETE
NAME **WEIS, HELEN**
STREET ADDRESS **1088 LOCH HAVEN DR. NORTH**
CITY - ST - ZIP **DUNEDIN FL**TITLE **D** ☒ DELETE
NAME **MCEWEN, TOM**
STREET ADDRESS **855 OXFORD COURT**
CITY - ST - ZIP **DUNEDIN FL 34698**TITLE **D** ☒ DELETE
NAME **EVITTS, VIRGINIA**
STREET ADDRESS **836 CAMBRIDGE CT.**
CITY - ST - ZIP **DUNEDIN FL**TITLE **PD** ☒ DELETE
NAME **STACEY, MARION**
STREET ADDRESS **847 CAMBRIDGE CT.**
CITY - ST - ZIP **DUNEDIN FL 34698**TITLE **S** ☒ DELETE
NAME **ZWECK, JACK**
STREET ADDRESS **854 CAMBRIDGE COURT**
CITY - ST - ZIP **DUNEDIN FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Jack Zweck**
1.3 STREET ADDRESS **854 Cambridge Ct.**
1.4 CITY - ST - ZIP **Dunedin, FL 34698**2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Gerald Brown**
2.3 STREET ADDRESS **861 Eden Ct.**
2.4 CITY - ST - ZIP **Dunedin, FL 34698**3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Margaret Ceely**
3.3 STREET ADDRESS **1090 Loch Haven Dr. N**
3.4 CITY - ST - ZIP **Dunedin, FL 34698**4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Dorothy Farrand**
4.3 STREET ADDRESS **857 Oxford Ct.**
4.4 CITY - ST - ZIP **Dunedin, FL 34698**5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Bonnie Johnson**
5.3 STREET ADDRESS **831 Cambridge Ct.**
5.4 CITY - ST - ZIP **Dunedin, FL 34698**6.1 TITLE **T** ☒ Change ☐ Addition
6.2 NAME **Marion Stacey**
6.3 STREET ADDRESS **847 Cambridge Ct.**
6.4 CITY - ST - ZIP **Dunedin, FL 34698**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jack Zweck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2-17-97 813-738-1175**
Date Daytime Phone # **0068450**

CR2E037 (9/96)

Item 13, continued

D

Elaine Murphy
1094 Loch Haven Dr. North
Dunedin, FL 34698

change

D

Wanda Pierce
1035 Loch Haven Dr. South
Dunedin, FL 34698

change