

FILE NOW: FILING FEE IS \$61.25

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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000278 (3)**

1. Corporation Name

HEATHER HILL VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	11/06/1992
4. FEI Number	59-3165877
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORIDA CENTRAL MANAGEMENT INC.
2430 ESTANCIA BLVD.
STE. 114
CLEARWATER FL 34625**

81 Name	COMMUNITY MANAGEMENT CONCEPTS INC
82 Street Address (P.O. Box Number is Not Acceptable)	4175 EAST DAY DRIVE
83	SUITE 205
84 City	B CLEARWATER FL
85 Zip Code	34624

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]* **PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD ZWECK, JACK	1.2 NAME	
STREET ADDRESS	854 CAMBRIDGE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D MADGE GILLETTE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD BROWN, GERALD	2.2 NAME	835 OXFORD CT
STREET ADDRESS	861 EDEN CT.	2.3 STREET ADDRESS	DUNEDIN FL
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D DAVID GIFFORD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CEELY, MARGARET	3.2 NAME	830 EDEN CT
STREET ADDRESS	1090 LOCH HAVEN DR. N.	3.3 STREET ADDRESS	DUNEDIN FL
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D STACEY, MARION <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D FARRAND, DOROTHY	4.2 NAME	844 CAMBRIDGE CT
STREET ADDRESS	857 OXFORD CT.	4.3 STREET ADDRESS	DUNEDIN FL
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D THOMAS MCEWEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D JOHNSON, BONNIE	5.2 NAME	855 OXFORD CT
STREET ADDRESS	831 CAMBRIDGE CT.	5.3 STREET ADDRESS	DUNEDIN FL
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	T WANDA DIERCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T STACEY, MARION	6.2 NAME	1035 LOCH HAVEN DR. S
STREET ADDRESS	847 CAMBRIDGE CT.	6.3 STREET ADDRESS	DUNEDIN FL
CITY-ST-ZIP	DUNEDIN FL	6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* **JOHN H. ZWECK**

2-2-98

CR2E037 (10/97)