


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90061 048 ****61.25

0077983

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N92000000278

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/06/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3165877	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT CONCEPTS INC
4175 EAST BAY DRIVE
SUITE 205
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWECK, JACK	1.2 NAME	LOWELL, DEXTER R.
STREET ADDRESS	854 CAMBRIDGE CT.	1.3 STREET ADDRESS	1065 LOCH HAVEN DR. S.
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, GERALD	2.2 NAME	MCGRATH, BEVERLY
STREET ADDRESS	861 EDEN CT.	2.3 STREET ADDRESS	835 CAMBRIDGE CT.
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEELY, MARGARET	3.2 NAME	FORTIER, LAWRENCE
STREET ADDRESS	1090 LOCH HAVEN DR. N.	3.3 STREET ADDRESS	854 EDEN CT.
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETTE, MADGE	4.2 NAME	
STREET ADDRESS	835 OXFORD CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	\$D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIFFORD, DAVID	5.2 NAME	ZWECK JACK
STREET ADDRESS	830 EDEN COURT	5.3 STREET ADDRESS	852 OXFORD CT.
CITY-ST-ZIP	DUNEDIN FL 34698	5.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACEY, MARION	6.2 NAME	STACEY, MARION
STREET ADDRESS	847 CAMBRIDGE CT.	6.3 STREET ADDRESS	847 CAMBRIDGE CT.
CITY-ST-ZIP	DUNEDIN FL	6.4 CITY-ST-ZIP	DUNEDIN FL 34698

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, with all other like empowered.

SIGNATURE:

LAWRENCE FORTIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE FORTIER

Date

1/18/99

727-736-1313

Daytime Phone #

CR2E037 (11/98)