

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000278

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3165877

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LOWELL, DEXTER R  
STREET ADDRESS 1065 LOCH HAVEN DR. SOUTH  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE VD  
NAME MCGRATH, BEVERLY  
STREET ADDRESS 835 CAMBRIDGE COURT  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE D  
NAME FORTIER, LAWRENCE  
STREET ADDRESS 857 EDEN COURT  
CITY-ST-ZIP DUNEDIN FL 34698 ☒ Delete

TITLE D  
NAME GILLETTE, MADGE  
STREET ADDRESS 835 OXFORD CT.  
CITY-ST-ZIP DUNEDIN FL 34698 ☒ Delete

TITLE SD  
NAME ZWECK, JACK  
STREET ADDRESS 852 OXFORD COURT  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE TD  
NAME STACEY, MARION  
STREET ADDRESS 847 CAMBRIDGE CT.  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD  
NAME DAWNA-PO-ET  
STREET ADDRESS 853 EDEN CT  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Change ☒ Addition

TITLE D  
NAME LYDIA BANOME  
STREET ADDRESS 835 OXFORD CT  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Change ☒ Addition

TITLE D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
D. Lowell

Date

Daytime Phone #

1/12/00 727-734-9552

FILED  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90110 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE