

# 2901 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90464 031 \*\*\*\*61.25

DOCUMENT # N92000000278

1. Entity Name

Heather Hill Villas

Principal Place of Business

Dunedin, FL

Mailing Address

Clomc Inc  
 4175 East Bay Dr  
 #205  
 Clearwater, FL

2. Principal Place of Business

3. Mailing Address

4175 East Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#205

City & State

Dunedin, FL

City & State

Clearwater, FL

4. FEI Number

59-3165877

Applied For

Not Applicable

Zip

34698

Country

USA

Zip

33764

Country

USA

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

Community Management Concepts Inc

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

4175 East Bay Dr #205

City

Clearwater

FL

Zip Code

33764

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 ☐ Delete

NAME P  
 STREET ADDRESS Marion Stacey  
 CITY-ST-ZIP 847 Cambridge Ct.  
 Dunedin, FL 34698

TITLE ☐ Delete

NAME UP/D/IS  
 STREET ADDRESS Helen Weis  
 CITY-ST-ZIP 1086 Loch Haven Dr. N.  
 Dunedin, FL 34698

TITLE ☐ Delete

NAME T/D  
 STREET ADDRESS Janice Forney  
 CITY-ST-ZIP 1069 Loch Haven Dr. S.  
 Dunedin, FL 34698

TITLE ☐ Delete

NAME D.  
 STREET ADDRESS Dexter Lowell  
 CITY-ST-ZIP 1065 Loch Haven Dr. S.  
 Dunedin, FL 34698

TITLE ☐ Delete

NAME D  
 STREET ADDRESS Jack Zweck  
 CITY-ST-ZIP 852 Oxford Ct.  
 Dunedin, FL 34698

TITLE ☐ Delete

NAME Gerald Brown  
 STREET ADDRESS 861 Edgewood Ct  
 CITY-ST-ZIP Dunedin, FL 34698

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

Gerald Brown 4/24/01

Date

Daytime Phone #

CR2E037 (11/00)