2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State
02-19-2008 90024 006 ****61.25

DOCUMENT # N96000004841

1. Entity Name

HEATHER RIDGE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4958 CRYSTAL OAKS DRIVE LECANTO FL 34461	PO BOX 964 LECANTO FL 34460-0964

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3419436 ☐ Applied For ☐ Not Applicable

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
JAMES, ALDRICH 5595 W. HUNTERS RIDGE CIR. LECANTO FL 34461	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALDRICH, JAMES 5595 WEST HUNTERS RIDGE CIRCLE LECANTO FL 34461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROEL, SUSAN 5401 W. HUNTER'S RIDGE PATH LECANTO FL 34461	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUMFORD, ALBERT 5682 W. HUNTERS RIDGE CIRCLE LECANTO, FL 34461 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ADAMSON, EDIE 158 NORTH SKYFLOWER POINT LECANTO FL 34461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BERGSTROM, JAMES 5613 W. CROSSMOOR PLACE LECANTO FL 34461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DOUGLAS, DONNA 5639 W. HUNTRESS RIVER CIR. LECANTO FL 34461	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5639 W. HUNTERS RIDGE CIRCLE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, HEDDA 5417 W. HEATHER RIDGE CIRCLE LECANTO, FL 34461 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

(352) 527 6742

SIGNATURE: James W. Aldrich JAMES W. ALDRICH 2/19/2008