

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90024 047 \*\*\*\*61.25

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**DOCUMENT # N98000006883**

1. Corporation Name

**HEATHER HILL APARTMENTS NO. 1 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

1016 DESOTO DRIVE  
DUNEDIN FL 34698

Mailing Address

1016 DESOTO DRIVE  
DUNEDIN FL 34698

2. Principal Place of Business

21 1018 DESOTO DR

Suite, Apt. #, etc.

22

City & State

23 DUNEDIN FL

Zip

24 34698

Country

25 PINELLAS

2a. Mailing Address

26 1018 DESOTO DR.

Suite, Apt. #, etc.

27

City & State

28 DUNEDIN FL

Zip

29 34698

Country

30 PINELLAS

3. Date Incorporated or Qualified

12/03/1998

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ROMAN & ROMAN, P.A.  
2196 MAIN STREET  
SUITE L  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name **PROGRESSIVE MGMT INC.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2753 STATE ROAD 580**

83 **SUITE 207**

84 City **CLEARWATER** FL 85 Zip Code **33761**

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

*Maureen C. Residow*

4/19/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **WACHS, DURRELL**  
STREET ADDRESS **1025 DESOTO DRIVE**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **VD** ☐ DELETE

NAME **BROWNSON, ERNIE**  
STREET ADDRESS **1016 DESOTO DRIVE**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **STD** ☒ DELETE

NAME **PAETTIE, DON**  
STREET ADDRESS **1004 DESOTO DRIVE**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **PAETTIE, DONALD**  
1.3 STREET ADDRESS **1004 DESOTO DRIVE**  
1.4 CITY-ST-ZIP **DUNEDIN FL 34698**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **STD** ☒ Change ☐ Addition

3.2 NAME **ROSS, GILBERT A.**  
3.3 STREET ADDRESS **1018 DESOTO DRIVE**  
3.4 CITY-ST-ZIP **DUNEDIN FL 34698**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE

*GILBERT A. ROSS* **GILBERT A. ROSS** 4/19/99 738-1051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)