

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90062 035 ****61.25

DOCUMENT # 751957

1. Entity Name

HERONMERE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4939 RINGWOOD MEADOW
 SARASOTA FL 34235

Mailing Address

2055 WOOD ST.
 #202
 SARASOTA FL 34237
 US

CUU43316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4983 Ringwood Meadow
 Suite, Apt. #, etc.

3. Mailing Address

4983 Ringwood Meadow
 Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

59-1968275

Applied For

Not Applicable

Zip

34235

Country

USA

Zip

34235

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROPERTY ACCOUNTING MANAGEMENT
 2055 WOOD ST.
 SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name: **PAM Management Inc**
 Street Address (P.O. Box Number is Not Acceptable): **4983 Ringwood Meadow**
 City: **SARASOTA** FL Zip Code: **34235**

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 **MELVIN RUBIN**

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

(NOTE: Registered Agent signature required when reinstating)

4-1-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOWKER, BOB	
STREET ADDRESS	5216 MARSHFIELD ROAD	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNROE, JOSEPH	
STREET ADDRESS	5074 MARSHFIELD ROAD	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLANE, JUDITH	
STREET ADDRESS	5152 MARSHFIELD	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PENNELLA, JULIE	
STREET ADDRESS	5158 MARSHFIELD RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PORES, ROBERT	
STREET ADDRESS	5134 MARSHFIELD LN	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Pores
 Robert Pores 4/1/01

CR2E037 (10/00)