


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90014 015 \*\*\*\*61.25

<b>DOCUMENT # 751957</b>	
1. Entity Name <b>HERONMERE II CONDOMINIUM ASSOCIATION, INC.</b>	


Principal Place of Business <b>4983 RINGWOOD MEADOW SARASOTA FL 34235</b>	Mailing Address <b>4983 RINGWOOD MEADOW SARASOTA FL 34235 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-1968275** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

MOORE CR2E037 (11/03)



**6. Name and Address of Current Registered Agent**

**PAML MANAGEMENT INC  
4983 RINGWOOD MEADOW  
SARASOTA FL 34235**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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**

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOWKER, BOB	
STREET ADDRESS	5216 MARSHFIELD ROAD	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, DANIEL	
STREET ADDRESS	5194 MARSHFIELD LANE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COX, JOHN	
STREET ADDRESS	5192 MARSHFIELD LANE	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PENNELLA, JULIE	
STREET ADDRESS	5158 MARSHFIELD RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL (MAC) MILLER	
STREET ADDRESS	5194 MARSHFIELD LANE	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPADAFORA, JOSEPH	
STREET ADDRESS	5164 MARSHFIELD RD.	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUSHMAN, DAVID	
STREET ADDRESS	5212 MARSHFIELD RD.	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCALA, GABE	
STREET ADDRESS	5110 MARSHFIELD RD.	
CITY-ST-ZIP	SARASOTA, FL 34235	
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:**  **5/12/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #