## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 03, 2005 8:00 am Secretary of State **DOCUMENT #751957** 05-03-2005 90102 049 \*\*\*\*61.25 1. Entity Name HERONMERE II CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4983 RINGWOOD MEADOW 4983 RINGWOOD MEADOW SARASOTA, FL 34235 SARASOTA, FL 34235 US 2. Principal Place of Business 3. Mailing Address 5037 Ringwood Moodo 037 Kn Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Numbe Applied For 59-1968275 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAML MANAGEMENT INC 4000 RINGWOOD MEADOW 5037 Ringwood Meadow Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34235 City 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 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE Change ■ Addition NAME MILLER, DANIEL NAME STREET ADDRESS 5194 MARSHFIELD LANE STREET ADDRESS SARASOTA, FL 34235 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change **Addition** SPADAGORA, JOSEPH Jennings, Sue NAME NAME 5208 Marshfield Lane STREET ADDRESS 5164 MARSHFIELD RD. STREET ADDRESS SARASOTA, FL 34235 CITY-ST-ZIP CITY-ST-7IP TD TITLE Delete TITLE ☐ Change Addition COX, JOHN NAME NAME 5192 MARSHFIELD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME CUSHMAN, DAVID NAME 5212 MARSHFIFI D RD STREET ADDRESS STREET ADDRESS SARASOTA, FL 34235 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITI F ☐ Change ☐ Addition SCALA, GABE NAME NAME 5110 MARSHFIELD RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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.

STREET ADDRESS CITY-ST-ZIP

NAME

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STREET ADDRESS

SIGNATURE AND TYPED OR P