

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90202 047 \*\*\*\*61.25



**DOCUMENT # 751957**  
 1. Entity Name  
 HERONMERE II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
 5037 RINGWOOD MEADOW  
 B  
 SARASOTA, FL 34235

Mailing Address  
 5037 RINGWOOD MEADOW  
 B  
 SARASOTA, FL 34235 US



2. Principal Place of Business  
 5041 Ringwood Meadow  
 Suite, Apt. #, etc.  
 STE 2

3. Mailing Address  
 5041 Ringwood Meadow  
 Suite, Apt. #, etc.  
 STE 2

01172006 Chg-NP CR2E037 (11/05)

City & State  
 SARASOTA FL

City & State  
 SARASOTA FL

Zip  
 34235

Country  
 USA

Zip  
 34235

Country  
 USA

4. FEI Number  
 59-1968275

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 PAML MANAGEMENT INC  
 5037 RINGWOOD MEADOW  
 B  
 SARASOTA, FL 34235

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
 5041 Ringwood Meadow  
 STE 2

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, DANIEL 5194 MARSHFIELD LANE SARASOTA, FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, SUE 5208 MARYHRELD LANE SARASOTA, FL 34234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COX, JOHN 5192 MARSHFIELD LANE SARASOTA, FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUSHMAN, DAVID 5212 MARSHFIELD RD. SARASOTA, FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCALA, GABE 5110 MARSHFIELD RD. SARASOTA, FL 34235	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Scala, Gabe 5110 Marshfield Rd. SARASOTA, FL 34235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: John W. Cox John W. Cox 04/26/06 941-379628  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #