


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 044 ****61.25

DOCUMENT # 751957					
1. Entity Name HERONMERE II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235			Mailing Address 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1968275	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAML MANAGEMENT INC 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DANIEL			NAME	LANDOLPHI, NICHOLAS
STREET ADDRESS	5194 MARSHFIELD LANE			STREET ADDRESS	5214 MARSHFIELD LN.
CITY-ST-ZIP	SARASOTA, FL 34235			CITY-ST-ZIP	SARASOTA FL 34235
TITLE	D	<input type="checkbox"/> Delete		TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, SUE			NAME	
STREET ADDRESS	5208 MARYHRELD LANE			STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34234			CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, JOHN			NAME	BYRON, SUSAN
STREET ADDRESS	5192 MARSHFIELD LANE			STREET ADDRESS	5152 MARSHFIELD RD.
CITY-ST-ZIP	SARASOTA, FL 34235			CITY-ST-ZIP	SARASOTA FL 34235
TITLE	SD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSHMAN, DAVID			NAME	CUSHMAN, DAVID
STREET ADDRESS	5212 MARSHFIELD RD.			STREET ADDRESS	5212 MARSHFIELD LN
CITY-ST-ZIP	SARASOTA, FL 34235			CITY-ST-ZIP	SARASOTA FL 34235
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEALA, GABE			NAME	BAKER, ED
STREET ADDRESS	5110 MARSHFIELD RD			STREET ADDRESS	5202 MARSHFIELD RD.
CITY-ST-ZIP	SARASOTA, FL 34235			CITY-ST-ZIP	SARASOTA FL 34235
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <u>David Cushman</u>				343-0172	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	