

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007589

FILED  
Feb 24, 2005  
Secretary of State

**Entity Name:** HERON HOUSE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

620 NE 28TH STREET  
#210  
WILTON MANORS, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

620 NE 28TH STREET  
#210  
WILTON MANORS, FL 33334

**New Mailing Address:**

**FEI Number:** 65-1147617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKLAND, VERNON  
620 NE 28TH STREET  
#2101  
WILTON MANORS, FL 33334 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STRICKLAND, VERNON  
Address: 620 NE 28TH STREET #101  
City-St-Zip: WILTON MANORS, FL 33334

Title: V D ( ) Delete  
Name: HALEUESA, BETTY  
Address: 620 NE 28TH STREET #105  
City-St-Zip: WILTON MANORS, FL 33334

Title: TD ( ) Delete  
Name: ROSE, MICHAEL  
Address: 620 NE 28TH STREET #206  
City-St-Zip: WILTON MANORS, FL 33334

Title: SD ( ) Delete  
Name: SEAY-MACKEY, PATTI  
Address: 620 NE 28TH STREET #208  
City-St-Zip: WILTON MANORS, FL 33334

Title: D ( ) Delete  
Name: SHARP, MICHAEL  
Address: 620 NE 28 ST., #103  
City-St-Zip: WILTON MANORS, FL 33334

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERNON STRICKLAND

PRES

02/24/2005

Electronic Signature of Signing Officer or Director

Date