

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007589

FILED
Mar 27, 2009
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:

TUCKER & TIGHE, P.A.
800 E. BROWARD BLVD., SUITE 710
FORT LAUDERDALE, FL 33301 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: STD () Delete
Name: WOLF, THOMAS
Address: 620 NE 28TH ST 210
City-St-Zip: WILTON MANORS, FL 33334

Title: STD () Delete
Name: DRAPER, NICOLE
Address: 620 NE 28TH ST 210
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: STD () Change (X) Addition
Name: NICHOLS-DAVID, ALAIN
Address: 620 NE 28 ST 210
City-St-Zip: WILTON MANORS, FL 33334

Title: STD () Change (X) Addition
Name: CHAPPELL, GENE
Address: 620 NE 28 ST 210
City-St-Zip: WILTON MANORS, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

PD

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date