

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01941 (6)**  
1. Corporation Name  
**HERON LAKES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>C/O KEYS-CALDWELL PROPERTY MANAGMENT 250 W TAMPA AVE VENICE FL 34285</b>	Mailing Address <b>C/O KEYS-CALDWELL PROPERTY MANAGMENT 250 W TAMPA AVE VENICE FL 34285-1729</b>
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3. Date Incorporated or Qualified <b>03/14/1984</b>	3a. Date of Last Report <b>04/30/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2434238</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CALDWELL, ANNETTE K.  
KEYS-CALDWELL PROPERTY MANAGEMENT  
250 W TAMPA AVE  
VENICE FL 34285**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>3030 HERON LAKES CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLZAHN, CARYL</b>	2.2 NAME	<b>PD</b>
STREET ADDRESS	<b>3013 SEAWIND CIRCLE</b>	2.3 STREET ADDRESS	<b>MOLZAHN, CARYL</b>
CITY-ST-ZIP	<b>VENICE FL</b>	2.4 CITY-ST-ZIP	<b>3013 SEAWIND CIRCLE</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, FREDERICK</b>	3.2 NAME	
STREET ADDRESS	<b>3005 SEAWIND CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTLER, JANE</b>	4.2 NAME	
STREET ADDRESS	<b>3012 SAIL POINTE CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEIDENSTEIN, PAULINE</b>	5.2 NAME	<b>SD</b>
STREET ADDRESS	<b>3001 SEAWIND CIRCLE</b>	5.3 STREET ADDRESS	<b>BROWN, MARJORIE</b>
CITY-ST-ZIP	<b>VENICE FL</b>	5.4 CITY-ST-ZIP	<b>3004 SAIL POINT CIRCLE</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PD</b>
2.3 STREET ADDRESS	<b>MOLZAHN, CARYL</b>
2.4 CITY-ST-ZIP	<b>3013 SEAWIND CIRCLE</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>SD</b>
5.3 STREET ADDRESS	<b>BROWN, MARJORIE</b>
5.4 CITY-ST-ZIP	<b>3004 SAIL POINT CIRCLE</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jane Butler* **JANE BUTLER** 4/197 441-484-6108

CR2E037 (9/96)