

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Dec 07, 2006  
Secretary of State**

DOCUMENT# N05000012792

Entity Name: HERITAGE BAY UMBRELLA ASSOCIATION, INC.

**Current Principal Place of Business:**11691 GATEWAY BLVD.  
SUITE 203  
FORT MYERS, FL 33913**New Principal Place of Business:****Current Mailing Address:**11691 GATEWAY BLVD.  
SUITE 203  
FORT MYERS, FL 33913**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**SARVER, HELEN I  
11691 GATEWAY BLVD.  
SUITE 203  
FORT MYERS, FL 33913 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: HALLORAN, DAN  
Address: 5801 PELICAN BAY BLVD. #600  
City-St-Zip: NAPLES, FL 34108Title: ASD ( ) Delete  
Name: UNSINN, DIANA  
Address: 5801 PELICAN BAY BLVD. #600  
City-St-Zip: NAPLES, FL 34108Title: TD ( ) Delete  
Name: TRONGONE, TOM  
Address: 5801 PELICAN BAY BLVD. #600  
City-St-Zip: NAPLES, FL 34108Title: VD ( ) Delete  
Name: SMITH, RUSSELL  
Address: 10481 SIX MILE CYPRESS PARKWAY  
City-St-Zip: FORT MYERS, FL 33912Title: ASD ( ) Delete  
Name: REYNOLDS, FRANK  
Address: 10481 SIX MILE CYPRESS PARKWAY  
City-St-Zip: FORT MYERS, FL 33912**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: ASD (X) Change ( ) Addition  
Name: THRON, DANIEL  
Address: 10481 SIX MILE CYPRESS PARKWAY  
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL THRON

ASD

12/07/2006

Electronic Signature of Signing Officer or Director

Date