


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90062 024 \*\*\*\*61.25

**DOCUMENT # N05000012792**

1. Entity Name  
 HERITAGE BAY UMBRELLA ASSOCIATION, INC.



Principal Place of Business  
 11691 GATEWAY BLVD.  
 SUITE 203  
 FORT MYERS, FL 33913

Mailing Address  
 11691 GATEWAY BLVD.  
 SUITE 203  
 FORT MYERS, FL 33913

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

40041100



02022007 Chg-NP CR2E037 (12/06)

4. FEI Number  
~~APPLIED FOR 20-5772540~~

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

SARVER, HELEN I  
 11691 GATEWAY BLVD.  
 SUITE 203  
 FORT MYERS, FL 33913

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

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

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALLORAN, DAN	
STREET ADDRESS	5801 PELICAN BAY BLVD. #600	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	UNSINN, DIANA	
STREET ADDRESS	5801 PELICAN BAY BLVD. #600	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TRONGONE, TOM	
STREET ADDRESS	5801 PELICAN BAY BLVD. #600	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, RUSSELL	
STREET ADDRESS	10481 SIX MILE CYPRESS PARKWAY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	THRON, DANIEL	
STREET ADDRESS	10481 SIX MILE CYPRESS PARKWAY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33966
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33966
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Daniel Thron DANIEL THRON 2/9/07 239-278-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #