


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

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90420 039 \*\*\*\*61.25

**DOCUMENT # N06000001314**

1. Entity Name  
**HERON BAY AT WATERSTONE HOMEOWNERS ASSOCIATION, INC.**



40089636

Principal Place of Business  
**4500 PGA BLVD., SUITE 400  
 PALM BCH GARDENS, FL 33418**

Mailing Address  
**4500 PGA BLVD., SUITE 400  
 PALM BCH GARDENS, FL 33418**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04112007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**51-0573650**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

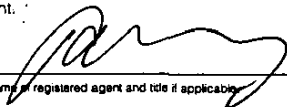
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLINGER, JOHN**  
**4500 PGA BLVD., SUITE 400**  
**PALM BCH GARDENS, FL 33418**

Name **James Gomez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4500 PGA Blvd Suite 400**  
 City **Palm Beach Gardens FL** Zip Code **33418**

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  DATE **4/24/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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**

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

TITLE **PD**  Delete  
 NAME **GREENE, RICK**  
 STREET ADDRESS **4500 PGA BLVD., SUITE 400**  
 CITY-ST-ZIP **PALM BCH GARDENS, FL 33418**

TITLE **President / Director**  Change  Addition  
 NAME **Matt Chisholm**  
 STREET ADDRESS **4500 PGA Blvd, Ste 400**  
 CITY-ST-ZIP **Palm Beach Gardens FL 33418**

TITLE **VD**  Delete  
 NAME **KOON, DAVID**  
 STREET ADDRESS **4500 PGA BLVD., SUITE 400**  
 CITY-ST-ZIP **PALM BCH GARDENS, FL 33418**

TITLE **VP / Director**  Change  Addition  
 NAME **James Gomez**  
 STREET ADDRESS **4500 PGA Blvd, Ste 400**  
 CITY-ST-ZIP **Palm Beach Gardens FL 33418**

TITLE **STD**  Delete  
 NAME **OLINGER, JOHN**  
 STREET ADDRESS **4500 PGA BLVD., SUITE 400**  
 CITY-ST-ZIP **PALM BCH GARDENS, FL 33418**

TITLE **Sec 1 Director**  Change  Addition  
 NAME **Jeff Murray**  
 STREET ADDRESS **4500 PGA Blvd, Ste 400**  
 CITY-ST-ZIP **Palm Beach Gardens FL 33418**

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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:  DATE **4/24/07** DAYTIME PHONE # **561 207 2091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR