


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90145 048 ****61.25

DOCUMENT # N06000001314			
1. Entity Name HERON BAY AT WATERSTONE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4901 VINELAND RD STE 500 ORLANDO, FL 32811		Mailing Address 4901 VINELAND RD STE 500 ORLANDO, FL 32811	
2. Principal Place of Business - No P.O. Box # 4901 Vineland Rd.		3. Mailing Address c/o CAPITAL Realty	
Suite, Apt. #, etc. SUITE 500		Suite, Apt. #, etc. 600 SANDTREE DR. STE. 109	
City & State ORLANDO FL		City & State Palm Beach Gardens, FL	
Zip 32811		Country USA	
4. FEI Number 51-0573650		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COVELL, RICK 4901 VINELAND RD STE 500 ORLANDO, FL 32811		7. Name and Address of New Registered Agent Name DONNA MC DONALD Street Address (P.O. Box Number is Not Acceptable) 600 SANDTREE DR. STE 109 PALM BEACH GARDENS City FL Zip Code 33469	
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 <i>Donna McDonald</i>		DATE 4-10-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHISHALM, MATT 4500 PGA BLVD., SUITE 400 PALM BCH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIANA CABRERA 4901 Vineland Rd. STE. 500 ORLANDO FL 32811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOON, DAVID 4500 PGA BLVD., SUITE 400 PALM BCH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIM EMERSON 4901 Vineland Rd. STE 500 ORLANDO, FL 32811 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, JEFF 4500 PGA BLVD., SUITE 400 PALM BCH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, JEFF 4901 Vineland Rd. STE. 500 ORLANDO, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Jeff Murray</i>		DATE: 4/22/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	