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Feb 11 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14458 (6)
1. Corporation Name
HERON'S LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
972 S.W. 112 TERRACE 972 SW 112TH TERRACE
PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025-4364
US US

3. Date Incorporated or Qualified 04/17/1986
3a. Date of Last Report 02/21/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-2813477 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
NACHMAN, IRVIN W. ESQ. ---
444 STIRLING ROAD
FORT LAUDERDALE FL 33314
10. Name and Address of New Registered Agent
81 Name Michael B. Udell
82 Street Address (P.O. Box Number is Not Acceptable) 235 N. University Drive
83
84 City Pembroke Pines FL 85 Zip Code 33024

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *Michael B. Udell* 1/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD VOSS, WILLIAM C <input type="checkbox"/> DELETE	1.1 TITLE	D Salkeld, Carol <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1019 SW 113 TERRACE	1.2 NAME	1042 S. W. 113 Terr
STREET ADDRESS	PEMBROKE PINES FL	1.3 STREET ADDRESS	Pembroke Pines FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ARNETT, MICHAEL <input type="checkbox"/> DELETE	2.1 TITLE	D Fitch, Anna Mae <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11231 S.W. 9TH CT	2.2 NAME	11325 S. W. 9th Ct.
STREET ADDRESS	PEMBROKE PINES FL	2.3 STREET ADDRESS	Pembroke Pines FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD CAMPOLO, NANCY <input type="checkbox"/> DELETE	3.1 TITLE	D Miller, Edward <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	11301 SW 9TH COURT	3.2 NAME	11225 S. W. 11 St.
STREET ADDRESS	PEMBROKE PINES FL	3.3 STREET ADDRESS	Pembroke Pines, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD ROTH, DORIS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	985 SW 113TH TERRACE	4.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SWAGER, JAMES <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1030 SW 113TH TERRACE	5.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D WOLLMAN, ERIC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	949 S.W. 113 TERR	6.2 NAME	
STREET ADDRESS	PEMBROKE PINES FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)