


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14458 (6)
 1. Corporation Name
HERON'S LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
972 S.W. 112 TERRACE PEMBROKE PINES FL 33025 US		972 SW 112TH TERRACE PEMBROKE PINES FL 33025 US	
21	2. Principal Place of Business	26	2a. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	22	27	27
City & State		City & State	
23	23	28	28
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified
04/17/1986

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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

UDELL, MICHAEL B
~~285 N UNIVERSITY DR~~
~~PEMBROKE PINES FL 33024~~

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	5745 S. University Drive
84	City
	Davie
85	Zip Code
	FL 33328

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VOSS, WILLIAM C	
STREET ADDRESS	1019 SW 113 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARNETT, MICHAEL	
STREET ADDRESS	11231 S.W. 9TH CT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAMPOLO, NANCY	
STREET ADDRESS	11301 SW 9TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROTH, DORIS	
STREET ADDRESS	985 SW 113TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWAGER, JAMES	
STREET ADDRESS	1030 SW 113TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLLMAN, ERIC	
STREET ADDRESS	949 S.W. 113 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD Medina, Jason
4.3 STREET ADDRESS	1001 S.W. 112 Terrace
4.4 CITY-ST-ZIP	Pembroke Pines, FL 33025
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: _____ DATE: **1/8/98** (954)435-1267

CR2E037 (10/97)