


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N14458 1. Entity Name HERON'S LANDING HOMEOWNERS ASSOCIATION, INC.	
--	---

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

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



MOORE CR2E037 (11/03)

4. FEI Number 59-2813477	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 UDELL, MICHAEL B 5400 S. UNIVERSITY DR, #117 DAVIE FL 33328

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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHERMAN, JEAN <input type="checkbox"/> Delete 11036 SW 9TH CT. PEMBROKE PINES FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BENNETT, RHONDA <input type="checkbox"/> Delete 11288 SW 9TH CT. PEMBROKE PINES FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FRANKEL, HELENE <input type="checkbox"/> Delete 11272 SW 11TH ST. PEMBROKE PINES FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD APPEL, LYNN <input type="checkbox"/> Delete 973 SW 112 TERRACE PEMBROKE PINES FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EDWIN, JOE <input type="checkbox"/> Delete 1030 SW 113 TERR. PEMBROKE PINES FL 33025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHWARTZ, SUSAN <input type="checkbox"/> Delete 942 SW 113 TERRACE PEMBROKE PINES FL 33025

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000058116 02/20/04-80016-021 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: LYNN APPEL  2-17-04 954-
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #