

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90072 029 \*\*\*\*61.25

**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

20017472



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02182005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-2813477

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 UDELL, MICHAEL B  
~~3400 S. UNIVERSITY DR. #117~~  
~~DAVIE, FL 33328~~

7. Name and Address of New Registered Agent  
 Name  
 UDELL, MICHAEL B  
 Street Address (P.O. Box Number is Not Acceptable)  
 11282 SW 9 COURT  
 City  
 Pembroke Pines FL Zip Code  
 33025

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: *[Signature]* DATE: 2/28/2005

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

**Filing Fee is \$61.25 Due by May 1, 2005**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPOLO, RICHARD	
STREET ADDRESS	11301 SW 9 COURT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, RHONDA	
STREET ADDRESS	1036 SW 113 TERR	
CITY-ST-ZIP	Pembroke Pines, FL 33025	
TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UDELL, HELENE J.	
STREET ADDRESS	11282 SW 9 COURT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, MARLON	
STREET ADDRESS	916 SW 113 TERR	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARKE, JOAN	
STREET ADDRESS	1013 SW 113 TERR	
CITY-ST-ZIP	PEMBROKE PINES, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* Helene J. Udell Pres. DATE: 2/28/2005 OFFICE: 954 435-4160 DAYTIME PHONE: #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OFFICE DAYTIME PHONE #