

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90271 003 ****61.25

0076507

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**



CHECK HERE IF MAKING CHANGES

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

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

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
5745 S UNIVERSITY DR
DAVIE FL 33328~~

7. Name and Address of New Registered Agent

Name **MICHAEL B UDELL**

Street Address (P.O. Box Number is Not Acceptable) **5400 S. University DR. #117**

City **DAVIE** FL Zip Code **33328**

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 *Michael B Udell* DATE **2-6-03**

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

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DE SANTIS, MICHAEL	
STREET ADDRESS	1007 SW 113 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FITCH, ANNA MAE	
STREET ADDRESS	11325 SW 9 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANKEL, HELENE	
STREET ADDRESS	972 SW 112 TERRACE 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	D PRESIDENT	<input type="checkbox"/> Delete
NAME	EDWIN, JOE	
STREET ADDRESS	972 SW 112 TERRACE 1030 SW 113 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D Vice pres.	<input 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	VPD DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN SHERMAN	
STREET ADDRESS	11306 SW 9th Ct	
CITY-ST-ZIP	PEMBROKE PINES, FL-33025	
TITLE	RHONDA BENNETT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	11288 SW 9th Ct	
CITY-ST-ZIP	PEMBROKE PINES, FL-33025	
TITLE	RICK Campolo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	11301 SW 9th Ct	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGUEDA PEREZ	
STREET ADDRESS	1036 SW 112 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Michael B Udell* DATE: **2-6-03** DAYTIME PHONE #: **954-566-2020**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)