

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 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 # **N25207** (4)

1. Corporation Name
HERON'S LANDING HOMEOWNERS ASSOCIATION OF SANIBE L, INC.



Principal Place of Business P.O. BOX 100 SANTIBEL FL 33957	Mailing Address P.O. BOX 100 SANTIBEL FL 33957
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3. Date Incorporated or Qualified
03/04/1988

4. FEI Number
65-0060243

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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

**ADAMS, JOSEPH E ESQUIRE
13515 BELL TOWER DRIVE
SUITE 101
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNORMEIER, THEODORE	1.2 NAME	
STREET ADDRESS	5408 OSPREY COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONDRACK, ROBERT	2.2 NAME	
STREET ADDRESS	5419 OSPREY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, CHARLOTTE	3.2 NAME	
STREET ADDRESS	5418 OSPREY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, THOMAS	4.2 NAME	
STREET ADDRESS	5395 SHEARWATER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, THOMAS	5.2 NAME	
STREET ADDRESS	5411 OSPREY COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas Taylor* **THOMAS TAYLOR** 2/20/98 9494725020

CR2E037 (10/97)