#### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

### **DOCUMENT # N25207**

1. Cornoration Name

# HERON'S LANDING HOMEOWNERS ASSOCIATION OF SANIBE L, INC. $^{\ast}$

Principal Place of Business P.O. BOX 100 SANTIBEL FL 33957

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

Mailing Address

P.O. 80X 100 SANTIBEL FL 33957

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

## FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90005 038 \*\*\*\*61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

03/04/1988

65-0060243

4. FEI Number

Zip	Country	Zip	Country	6. Election Campaign Fi	nancing _	\$5.00 N		
24	25	29 3	0	Trust Fund Contribution	on 🖁	Added to	Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81 Name		•			
ADAMS J	oseph e esquire	82 Street Add	dress (P.O. Box Number is No	t Acceptable)				
	LL TOWER DRIVE							
SUITE 101			83					
	ERS FL 33907		84 City		<del></del>	85 Zip Co	odo	
i Oiti wiii	LNO 1 E 30307		84 City		FL	, 183 Zip Ci	000	
office or n agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was auti	norized by the corporal	poration submits this statemention's board of directors. I here	nt for the purpose of by accept the appoi	ntment as regi	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agent signature requi	red when reinstating)	DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGE:	S TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	SCHNORMEIER, THEODORE		1.2 NAME				+	
STREET ADDRESS			1.3 STREET ADDRESS	*				
CITY-ST-ZIP	SANIBEL FL 33957		1.4 CITY-ST-ZIP					
TITLE	VD	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	WONDRACK, ROBERT		2.2 NAME		•		1	
STREET ADDRESS			2.3 STREET ADDRESS				. }	
CITY-ST-ZIP	SANIBEL FL 33957		2.4 CITY-ST-ZIP		•			
TITLE	SD	☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME I	BAKER, CHARLOTTE		3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP	SANIBEL FL 33957		3.4. CITY-ST-ZiP					
TITLE	TD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	TAYLOR, THOMAS		4. 2 NAME				;, ·	
STREET ADDRESS	ALIEL BULLETER ROLL		4.3 STREET ADDRESS	,				
CITY-ST-ZIP	SANIBEL FL 33957		4.4 CITY-ST-ZIP		•			
TITLE	D	DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME	ALBERT, THOMAS		5.2 NAME			. • •		
STREET ADDRESS	EALL CONDEN COLIDE		5.3 STREET ADDRESS					
CITY-ST-ZIP	SANIBEL FL 33957		5.4 CITY-ST-ZIP					
TITLE	at .	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY+ST-ZIP			6.4 CITY-ST-ZIP					
14. I hereby o	certify that the information supplied with	this filing does not qualify for the	he exemption stated in	Section 119.07(3)(i), Florida S	Statutes. I further cer	tify that the in	formation	

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 appear with an address, with all other like empowered.

SIGNATURE:

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

:R2E037 (11/

Applied For

\$8.75 Additional

Fee Required

Not Applicable