

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90008 037 \*\*\*\*61.25

0071088

**DOCUMENT # N25207**

1. Entity Name

**HERON'S LANDING HOMEOWNERS ASSOCIATION OF SANIBE**

Principal Place of Business

SANIBEL BAYOU  
 SANTIBEL FL 33957

Mailing Address

P.O. BOX 100  
 SANTIBEL FL 33957

**928764**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0060243**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	THORNLEY, PETER	
STREET ADDRESS	5403 SHEARWATER DR	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BREDA, BILL	
STREET ADDRESS	5422 OSPREY CT	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, ED	
STREET ADDRESS	5423 OSPREY CT	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	<del>Director</del>	<input type="checkbox"/> Delete
NAME	<del>Bill Wananaker</del>	
STREET ADDRESS	<del>5427 Osprey Ct</del>	
CITY-ST-ZIP	<del>Sanibel, FL 33957</del>	
TITLE	<del>Director</del>	<input type="checkbox"/> Delete
NAME	<del>Mike Neal</del>	
STREET ADDRESS	<del>5429 Shearwater Dr</del>	
CITY-ST-ZIP	<del>Sanibel, FL 33957</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Wananaker	
STREET ADDRESS	5427 Osprey Ct	
CITY-ST-ZIP	Sanibel, FL 33957	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Neal	
STREET ADDRESS	5429 Shearwater Dr	
CITY-ST-ZIP	Sanibel, FL 33957	
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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/01

CR2E037 (10/00)