



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90462 002 ****61.25

DOCUMENT # N25207			
1. Entity Name HERON'S LANDING HOMEOWNERS ASSOCIATION OF SANIBEL, INC.			
Principal Place of Business SANIBEL BAYOU SANTIBEL, FL 33957		Mailing Address P.O. BOX 100 SANTIBEL, FL 33957	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PAPPAS, CAROL 703 TARPIN BAY SUITE B SANIBEL, FL 33957		Name <u>DAVE OWENS</u> Street Address (P.O. Box Number is Not Acceptable) <u>695 TARPON BAY RD #5</u> City <u>SANIBEL</u> FL Zip Code <u>33957</u>	
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 		DATE <u>4/29/04</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THORNLEY, PETER 5403 SHEARWATER DR SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVE OWENS ASST. TREASURER PO BOX 190 SANIBEL, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LADD, DAVE 5422 SHEARWATER SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, ED 5423 OSPREY CT SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, GARY 5427 OSPREY CT SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, MIKE 5429 SHARPWATER DR SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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04142004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0060243 Applied For Not Applicable

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

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:  DAVID OWENS AT 4/30/04 234-472-1439
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #