

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25207

FILED
Apr 03, 2009
Secretary of State

Entity Name: HERON'S LANDING HOMEOWNERS ASSOCIATION OF SANIBEL, INC.

Current Principal Place of Business:

SANIBEL BAYOU
SANTIBEL, FL 33957

New Principal Place of Business:

711 TARPON BAY RD
SANIBEL, FL 33957

Current Mailing Address:

P.O. BOX 100
SANTIBEL, FL 33957

New Mailing Address:

C/O ISLAND MANAGEMENT
PO BOX 100
SANIBEL, FL 33957

FEI Number: 65-0060243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKSEY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

MACKESY, STEVEN
711 TARPON BAY RD
SANIBEL, FL 33957 US

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: STEVEN MACKESY

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SMART, PAUL
Address: 5424 SHEARWATER DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: PD () Delete
Name: TRAINOR, CHARLES
Address: 5414 OSPREY COURT
City-St-Zip: SANIBEL, FL 33957

Title: VD () Delete
Name: GLENN, WILLIAM
Address: 5387 SHEARWATER DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: SD () Delete
Name: GARDNER, TIMOTHY
Address: 5415 OSPREY COURT
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: NICHOLS, NORMAN
Address: 5410 ASPREY COURT
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NICHOLS, NORMAN
Address: 5410 OSPREY COURT
City-St-Zip: SANIBEL, FL 33957

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES TRAINOR

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date