FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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****130.00 ****130.00

DOCUMENT # **N29584** **(2)**

1. Corporation Name

HERON PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
196 171ST AVE N REDINGTON BCH FL 33708	196 171ST AVE N REDINGTON BCH FL 33708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2931867 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 200 - 171st Ave	2a. Mailing Address 26 200 - 171st Ave
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 North Redington Bch Fl	City & State 28 North Redington Bch Fl
Zip / Country 24 33708 / 25 Pinellas	Zip / Country 29 33708 / 30 Pinellas

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NARDOZZI, DARREN
196 171ST AVE
N REDINGTON BCH FL 33708

10. Name and Address of New Registered Agent

81 Name: Deanna Landy
82 Street Address (P.O. Box Number is Not Acceptable): 200 - 171st Avenue
83
84 City: N. Redington Beach FL 85 Zip Code: 33708

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Deanna Landy — 5-4-95
Signature, typed or printed name of registered agent (and title if applicable) NOTE: Registered Agent signature required when reinstating! DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	BERNSTEIN, MORRIS	12 NAME	Robb Gomez
STREET ADDRESS	190-171ST AVENUE	13 STREET ADDRESS	198-171st Avenue
CITY-ST-ZIP	N REDDINGTON BCH FL	14 CITY-ST-ZIP	N Redington Bch Fl 33708
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	NEAL, LEE	22 NAME	Morris Bornstein
STREET ADDRESS	190 0 - 171ST AVENUE	23 STREET ADDRESS	192-171st Avenue
CITY-ST-ZIP	NORTH REDINGTON BEACH FL	24 CITY-ST-ZIP	N. Redington Bch Fl 33708
TITLE	STD	31 TITLE	SD ☒ Change ☐ Addition
NAME	NARDOZZI, DARREN	32 NAME	Sara A. Neal
STREET ADDRESS	190-171ST AVENUE	33 STREET ADDRESS	194-171st Avenue
CITY ST ZIP	N REDDINGTON BCH FL	34 CITY-ST-ZIP	N. Redington Bch Fl 33708
TITLE		41 TITLE	TD ☒ Change ☐ Addition
NAME		42 NAME	Deanna Landy
STREET ADDRESS		43 STREET ADDRESS	200 - 171st Avenue
CITY ST ZIP		44 CITY ST ZIP	N. Redington Bch Fl 33708
TITLE		51 TITLE	D ☒ Change ☐ Addition
NAME		52 NAME	Darren Nardozzi
STREET ADDRESS		53 STREET ADDRESS	196 - 171st Ave
CITY ST ZIP		54 CITY ST ZIP	N Redington Bch Fl 33708
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	5-1-95 J.G.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further I 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: Darren Nardozzi — 3-20-95 — (813) 391-6739
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #
Darren Nardozzi

001A00