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Secretary of State

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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N29584

1. Corporation Name

HERON PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

200 - 171ST AVE
NORTH REDINGTON BEACH FL 33708

Mailing Address

200 - 171ST AVE
NORTH REDINGTON BEACH FL 33708

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		12/06/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-2931867	
Country		Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing				☐ \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

LANDY, DEANNA
 200 171ST AVE
 N REDINGTON BCH FL 33708

10. Name and Address of New Registered Agent

81 Name **LEE Neal**
 82 Street Address (P.O. Box Number is Not Acceptable)
194 - 171ST AVENUE
 83 **HERON PLACE**
 84 City **NORTH REDINGTON BCH FL** 85 Zip Code **33708**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **LEE Neal - President** DATE **3-21-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	GOMEZ, ROBB	1.2 NAME	LEE NEAL
STREET ADDRESS	198 - 171ST AVENUE	1.3 STREET ADDRESS	194 - 171ST AVE
CITY-ST-ZIP	N. REDINGTON BEACH FL	1.4 CITY-ST-ZIP	N. REDINGTON, FLA
TITLE	VD ☒ DELETE	2.1 TITLE	TD ☐ Change ☐ Addition
NAME	BORNSTEIN, MORRIS	2.2 NAME	MARY ANNE Satchelland
STREET ADDRESS	192 - 171ST AVENUE	2.3 STREET ADDRESS	200 171ST AVE
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	2.4 CITY-ST-ZIP	NORTH REDINGTON BCH, FL
TITLE	PD ☐ DELETE	3.1 TITLE	D ☐ Change ☐ Addition
NAME	NEAL, LEE	3.2 NAME	SARA NEAL
STREET ADDRESS	194 - 171ST AVENUE	3.3 STREET ADDRESS	194 - 171ST AVE
CITY-ST-ZIP	N. REDINGTON BEACH FL	3.4 CITY-ST-ZIP	N. REDINGTON, FLA
TITLE	TD ☒ DELETE	4.1 TITLE	
NAME	LANDY, DEANNA	4.2 NAME	
STREET ADDRESS	200 - 171ST AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. REDINGTON BEACH FL 33708	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3-21-99 727-347-0745

CR2E037 (11/98)