

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29584

1. Entity Name

HERON PLACE CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90216 003 ****61.25

Principal Place of Business

Mailing Address

200 - 171ST AVE
NORTH REDINGTON BEACH FL 33708
UI

200 - 171ST AVE
NORTH REDINGTON BEACH FL 33708
US

903549



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

59-2931867

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

NEAL, LEE
194 171ST AVENUE
HERON PLACE
N REDINGTON BCH FL 33708

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 **D** ☐ Delete
NAME **SATTERLAID, MARY ANNE**
STREET ADDRESS **2004 71ST AVENUE**
CITY-ST-ZIP **NORTH REDINGTON BEACH FL 33708**

TITLE **T** ☐ Change ☐ Addition
NAME **SUTHERLAND, MARY ANNE**
STREET ADDRESS **200 171 ST AVE. EAST**
CITY-ST-ZIP **NORTH, Redington Bch. FL. 33708**

TITLE **D** ☐ Delete
NAME **NEAL, SARA**
STREET ADDRESS **194 171ST AVENUE**
CITY-ST-ZIP **NORTH REDINGTON BEACH FL 33708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **NEAL, LEE**
STREET ADDRESS **194 - 171ST AVENUE**
CITY-ST-ZIP **NORTH REDINGTON BEACH FL 33708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)