


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N31478 1. Entity Name HERON HIDEAWAY PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 5980 OUR ROBBIES RD JUPITER, FL 33458 US	Mailing Address 5980 OUR ROBBIES RD JUPITER, FL 33458 US
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASKER, ESSE
 5880 OUR ROBBIES RD
 JUPITER, FL 33458

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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 _____
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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AKER, G. ESSE 5880 OUR ROBBIES RD. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOK, STEPHEN D 5940 OUR ROBBIES RD. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FISCHMAN, LEONARD 5980 OUR ROBBIES RD JUPITER, FL 33458
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 03/01/04-80075-002 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Leonard Fischman* **LEONARD FISCHMAN ST, 2/26/04 561-748-8492**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #