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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N95000005667**

1. Corporation Name

HERON COVE AT PELICAN LANDING HOMEOWNERS' ASSOCI ATION, INC.

502030 - 90085 - 42

Principal Place of Business	Mailing Address
Pegasus Property Management 13400 S Cleveland Ave #203 Fort Myers, FL 33907	Pegasus Property Management 13400 S Cleveland Ave #203 Fort Myers, FL 33907

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/28/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0698960 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
HENNELLS, CPA SCOTT 9240 BONITA BEACH, RD, #3305 1415 HENDRY STREET BONITA SPRINGS FL 34135	81 82 83 84	BARBARA A. STILSON C/O PEGASUS PROPERTY MGMT. INC. 13400 S. CLEVELAND AVE. # 203 FORT MYERS, FL 33907 85 Zip Code

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 Barbara A Stilson 4-28-99
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	DP	☒ DELETE	1.1 TITLE	DST	☐ Change ☒ Addition
NAME	HAYT, JONATHAN		1.2 NAME	SCOTT WHITNEY	
STREET ADDRESS	3524 HERON COVE CT		1.3 STREET ADDRESS	3507 HERON COVE COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	DVP	☒ DELETE	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	SCHLADER, RICHARD		2.2 NAME	MIKE RAGO	
STREET ADDRESS	3519 HERON COVE CT		2.3 STREET ADDRESS	3501 HERON COVE CT.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	DST	☐ DELETE	3.1 TITLE	D P	☒ Change ☐ Addition
NAME	HOOD, ERNEST		3.2 NAME	HOOD, ERNEST	
STREET ADDRESS	3566 HERON COVE CT		3.3 STREET ADDRESS	3566 HERON COVE CT.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 4/27/99 941-454-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #