

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005667

1. Entity Name

HERON COVE AT PELICAN LANDING HOMEOWNERS' ASSOCI

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90083 041 \*\*\*\*61.25

Principal Place of Business

PEGASUS PROPERTY MANAGEMENT  
17595 S TAMiami #200-2  
FORT MYERS FL 33908  
US

Mailing Address

PEGASUS PROPERTY MANAGEMENT  
17595 S TAMiami #200-2  
FORT MYERS FL 33908  
US

2. Principal Place of Business

17595 S. TAMiami TRAIL

3. Mailing Address

17595 S. TAMiami TRAIL

Suite, Apt. #, etc.

#100

Suite, Apt. #, etc.

#100

City & State

City & State

4. FEI Number

65-0698960

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

PEGASUS PROP MGMT  
17595 S TAMiami  
#200-2  
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

17595 S. TAMiami TRAIL #100

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

|                                                |                                                                           |                                            |
|------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>WHITNEY, SCOTT<br>3507 HERON COVE COURT<br>BONITA SPRINGS FL 34134 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>RAGO, MIKE<br>3501 HERON COVE CT.<br>BONITA SPRINGS FL 34134       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>HOOD, ERNEST<br>3566 HERON COVE ST.<br>BONITA SPRINGS FL 34134      | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                           | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                               |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>RODRIGUEZ, WALTER<br>3537 HERON COVE COURT<br>BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

ERNEST HOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/2001

941-454-8568

CR2E037 (10/00)