


FILE NOW: FILING FEE IS \$61.25

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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01941** (6)

1. Corporation Name

HERON LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 610 KEYS-CALDWELL PROPERTY MANAGEMENT 250 W TAMPA AVE VENICE FL 34285	Mailing Address 610 KEYS-CALDWELL PROPERTY MANAGEMENT 250 W TAMPA AVE VENICE FL 34285
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3. Date Incorporated or Qualified 03/14/1984	4. FEI Number 59-2434238	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 610 Premier Management Services Suite, Apt. #, etc. 22 1777 TAMIAHI TRAIL ST #5000 City & State 23 PORT CHARLOTTE, FL Zip 24 33948	2a. Mailing Address 21 610 Premier Management Services Suite, Apt. #, etc. 22 1777 TAMIAHI TR. ST #5000 City & State 23 PORT CHARLOTTE FL Zip 24 33948
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Condo <input type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CALDWELL, ANNETTE K. KEYS-CALDWELL PROPERTY MANAGEMENT 250 W TAMPA AVE VENICE FL 34285
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10. Name and Address of New Registered Agent 81 Name BARBARA L. KAMECK 82 Street Address (P.O. Box Number is Not Acceptable) PREMIER MANAGEMENT SERVICES, INC. 83 1777 TAMIAHI TRAIL #5000 84 City PT. CHARLOTTE FL 85 Zip Code 33948

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 L. Kameck* **Mg. Agent** **3/31/98**

Signature based or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, THOMAS 3000 HERON LAKES CT VENICE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLZAHN, CARYL 3013 SEAWIND CIRCLE VENICE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, FREDERICK 3005 SEAWIND CIRCLE VENICE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUTLER, JANE 3012 SAIL POINTE CIRCLE VENICE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEIGENSTEIN, PAULINE 3004 SAIL POINTE CIR VENICE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	AP Joseph DeMartino 3022 Sail Pointe Cir Venice, FL
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D MOLZAHN, CARYL 3013 Seawind Circle Venice, FL.
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VTD Butler, Jane 3012 SAIL POINTE CIRCLE Venice, FL
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD Lillian Schoenlied 3038 Heron Lakes Ct Venice, FL
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *J. Smith* **REQUIRED** **X** **4/1/98** **941-497-4455**

CR2E037 (10/97)