### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002324

Entity Name: HERON CREEK NEIGHBORHOOD ASSOCIATION, INC.

**FILED** Apr 20, 2021 **Secretary of State** 1657058722CC

## **Current Principal Place of Business:**

9887 FOURTH STREET NORTH SUITE 301

ST. PETERSBURG, FL 33702

# **Current Mailing Address:**

C/O ASSOCIA GULF COAST 9887 4TH ST N SUITE 301 SAINT PETERSBURG, FL 33702 US

FEI Number: 47-4385591 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SAINT PETERSBURG FL 33702

ASSOCIA GULF COAST 9887 FOURTH STREET NORTH **SUITE 301** ST. PETERSBURG, FL 33702 US

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: JOHN HENSLEY 04/20/2021

> Date Electronic Signature of Registered Agent

> > City-State-Zip:

SAINT PETERSBURG FL 33702

#### Officer/Director Detail:

City-State-Zip:

Title **PRESIDENT** Title DIRECTOR Name JONES, ROBERT LARRY JR Name HALEY, BRIAN

C/O ASSOCIA GULF COAST C/O ASSOCIA GULF COAST Address Address 9887 4TH ST N SUITE 301 9887 4TH ST N SUITE 301

Title **TREASURER** Title **SECRETARY** 

Name PARMENTER, SARA Name VALDEZ, MATTHEW

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH ST N SUITE 301 9887 4TH ST N SUITE 301

City-State-Zip: SAINT PETERSBURG FL 33702 City-State-Zip: SAINT PETERSBURG FL 33702

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT LARRY JONES

**PRESIDENT** 

04/20/2021