

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25207

**FILED**  
**Mar 27, 2024**  
**Secretary of State**  
**6424066220CC**

**Entity Name:** HERON'S LANDING HOMEOWNERS ASSOCIATION OF SANIBEL, INC.

**Current Principal Place of Business:**

C/O DAVIS & ASSOCIATES CPA  
28901 TRAILS EDGE BLVD. STE 205  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

C/O DAVIS & ASSOCIATES CPA  
28901 TRAILS EDGE BLVD. STE 205  
BONITA SPRINGS, FL 34134 US

**FEI Number: 65-0060243**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HENSLEY, STEPHANIE  
C/O DAVIS & ASSOCIATES CPA  
28901 TRAILS EDGE BLVD. STE 205  
BONITA SPRINGS, FL 34134 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: STEPHANIE HENSLEY**

**03/27/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOD MEMBER  
Name PECK, SARAH  
Address 5391 SHEARWATER DR.  
City-State-Zip: SANIBEL FL 33957

Title VP  
Name WOOD, DENISE  
Address 5424 SHEARWATER DRIVE  
TH:G  
City-State-Zip: SANIBEL FL 33957

Title TREASURER  
Name KOZIK, CATHIE  
Address 711 TARPON BAY RD  
City-State-Zip: SANIBEL FL 33957

Title PRESIDENT  
Name SMALL, DEBBIE  
Address 5379 SHEARWATER DRIVE  
HL2:01  
City-State-Zip: SANIBEL FL 33957

Title SECRETARY  
Name HAYNES, SALLY  
Address 5430 OSPREY CT  
HL1:24  
City-State-Zip: SANIBEL FL 33957

*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: DEBBIE SMALL**

**PRESIDENT**

**03/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date