2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2020
Secretary of State
8477260292CC

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Entity Name: HERON COVE AT PELICAN LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

HERON COVE AT PELICAN LANDING HOMEOWNERS ASSOC., INC.
C/O SCHOO ASSOCIATION MANAGEMENT LLC 9403 CYPRESS LAKE DRIVE - SUITE C
FORT MYERS, FL 33919

Current Mailing Address:

HERON COVE AT PELICAN LANDING HOMEOWNERS ASSOC., INC.
C/O SCHOO ASSOCIATION MANAGEMENT LLC. 9403 CYPRESS LAKE DRIVE - SUITE C
FORT MYERS, FL 33919 US

FEI Number: 65-0698960

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHOO, PATRICIA
HERON COVE AT PELICAN LANDING HOMEOWNERS ASSOCIATION, INC.
C/O SCHOO ASSOCIATION MANAGEMENT LLC 9403 CYPRESS LAKE DRIVE - SUITE C
FORT MYERS, FL 33919 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: PATRICIA SCHOO 06/26/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	STANEK, FRANK
Address	C/O SCHOO MANAGEMENT 9403 CYPRESS LAKE DRIVE - SUITE C
City-State-Zip:	FORT MYERS FL 33919

Title	TREASURER
Name	SALMON, BOB
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC. 9403 CYPRESS LAKE DRIVE - SUITE C
City-State-Zip:	FORT MYERS FL 33919

Title	D
Name	MIGNOGNA, BOB
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC. 9403 CYPRESS LAKE DRIVE - SUITE C
City-State-Zip:	FORT MYERS FL 33919

Title	VP
Name	SERNOVITZ, MILLIE
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC. 9403 CYPRESS LAKE DRIVE - SUITE C
City-State-Zip:	FORT MYERS FL 33919

Title	D
Name	LYKE, CHARLES
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC. 9403 CYPRESS LAKE DRIVE - SUITE C
City-State-Zip:	FORT MYERS FL 33919

Title	S
Name	PICKERING, SUSAN
Address	C/O SCHOO ASSOCIATION MANAGEMENT, LLC. 9403 CYPRESS LAKE DRIVE - SUITE C
City-State-Zip:	FORT MYERS FL 33919

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: SUSAN PICKERING SECRETARY 06/26/2020

Electronic Signature of Signing Officer/Director Detail Date