FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746254 (2)

1. Corporation Name
HERONMERE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
AMI 5899 WHITFIELD AVE
SUITE 107
SARASOTA FL 34243

Mailing Address
AMI 5899 WHITFIELD AVE
SUITE 107
SARASOTA FL 34243

3. Date Incorporated or Qualified: 03/14/1979
3a. Date of Last Report: 11/06/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1962342 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
AMI
5899 WHITFIELD AVE
SUITE 107
SARASOTA FL 34243

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	WALDRON, ED	
STREET ADDRESS	5040 MARSHFIELD RD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DDVP	☐ DELETE
NAME	HESSE, ALBERT	
STREET ADDRESS	3534 RICHMOND LINK	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DS	☒ DELETE
NAME	KAMERICK,JOHN	
STREET ADDRESS	5032 MARSHFIELD RD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	PD	☐ DELETE
NAME	KLEMMER, KEN	
STREET ADDRESS	5028 MARSHFIELD RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	☐ DELETE
NAME	MORAN,ANTHONY	
STREET ADDRESS	5068 MARSHFIELD RD	
CITY-ST-ZIP	SARASOTA 34 23535	
TITLE	AS	☒ DELETE
NAME	PARMENTAR, JOHN	
STREET ADDRESS	P O BOX 25474 N/A	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-12)

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	WHITGROVE, RUSS	
1.3 STREET ADDRESS	3522 RICHWOOD LINK	
1.4 CITY-ST-ZIP	SARASOTA, FL 34235	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	BEAUCHAMP, JAMES	
3.3 STREET ADDRESS	3530 RICHWOOD LINK	
3.4 CITY-ST-ZIP	SARASOTA, FL 34235	
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DT	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4-11-96 Date (941) 371-4263 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AL HESSE

CR2E037 (12/95)

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