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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
AMI 5899 WHITFIELD AVE SUITE 107 SARASOTA FL 34243	AMI 5899 WHITFIELD AVE SUITE 107 SARASOTA FL 34243

3. Date Incorporated or Qualified: **03/14/1979**
3a. Date of Last Report: **04/19/1996**

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VPD	☒ Change ☐ Addition
NAME	WHITGROVE, RUSS		1.2 NAME	WHITGROVE, Russ	
STREET ADDRESS	3522 RICHWOOD LINK		1.3 STREET ADDRESS	3522 RICHWOOD LINK	
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HESSE, ALBERT		2.2 NAME		
STREET ADDRESS	3534 RICHMOND LINK		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BEAUCHAMP, JAMES		3.2 NAME	BEAUCHAMP, JAMES	
STREET ADDRESS	3530 RICHWOOD LINK		3.3 STREET ADDRESS	3530 RICHWOOD LINK	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	KLEMMER, KEN		4.2 NAME	MORAN, ANN M.	
STREET ADDRESS	5028 MARSHFIELD RD		4.3 STREET ADDRESS	5068 MARSHFIELD RD	
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DT	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MORAN,ANTHONY		5.2 NAME		
STREET ADDRESS	5068 MARSHFIELD RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA 34		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: [illegible] A. HESSE, PRES. 1/22/97 941-359-1134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #