

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 746254**

1. Entity Name

HERONMERE CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90090 011 *****61.25

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

00020439



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1962342	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
AMI 5899 WHITFIELD AVE SUITE 107 SARASOTA FL 34243

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITGROVE, RUSS 3522 RICHWOOD LINK SARASOTA FL 34235 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESSE, ALBERT 3534 RICHMOND LINK SARASOTA FL 34235 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCINKIEWICZ, EDWARD 3516 RICHWOOD LINK SARASOTA FL 34235 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01
Date

Daytime Phone #

CR2E037 (10/00)