2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 04, 2006 8:00 am Secretary of State **DOCUMENT #746254** 05-04-2006 90202 015 ****61.25 HERONMERE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 9031 TOWN CENTER PKWY 9031 TOWN CENTEL PKWY BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address 5041 Ringwood 5041 Ringwood Meadow Suite, Apt. #, etc. Meadou Suite, Apt. #, etc. 01172006 Chg-NP CR2E037 (11/05) 57E 2 STE 4. FEI Number 59-1962342 Applied For City & State City & State SARASOTA SARASOTA Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 4.5.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Management ADVANCED MANAGEMENT INC Street Address (P.O. Box Number is Not Acceptable 9031 TOWN CENTER PKWY RINGNOOD MEADOW BRADENTON, FL 34202 Zip Code 347_35 ARASOTA 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 \$5.00 May Be 9. Election Campaign Financing Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delete Addition TITLE TITLE Kleemer, Kennett BYRNE, JULIE NAME NAME 5026 Marshfield Rd unitzi STREET ADDRESS 5060 MARTHFIELD RD STREET ADDRESS SARASOTA, FL CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-ZIP TITLE TD 🗷 Delete TITLE 5D ☐ Change **Addition** SCOTT, JAMES Hesse, Albert NAME NAME 3534 Richwood Link cenit 44 5066 MARTHFIELD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-ZIP TITLE ☑ Delete TITLE ☐ Change Addition NAME DEANGELO, RON NAME Pfenninger, 5070 MARTHFIELD RD STREET ADDRESS STREET ADDRESS 08801 CITY-ST-ZIP SARASOTA, FL-34235 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

KICHARD

SIGNATURE AND TYPED OF PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

FILED