

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 # 750900 (3)

1. Corporation Name

HERON BAY CLUB OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O LIGHTHOUSE MANAGEMENT & REALTY
830 SOUTH TAMiami TRAIL
OSPREY FL 34229
C/O LIGHTHOUSE MANAGEMENT & REALTY
830 SOUTH TAMiami TRAIL
OSPREY FL 34229

3. Date Incorporated or Qualified **02/01/1980** 3a. Date of Last Report **08/03/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **16 Church St** 26 Suite, Apt. #, etc. **16 Church St**
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

4. FEI Number **59-2168498** 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

LIGHTHOUSE MANAGEMENT & REALTY
C/O J. LLOYD KEITH
830 SOUTH TAMiami TRAIL
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **16 CHURCH STREET**
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

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | P/D | <input type="checkbox"/> DELETE |
| NAME | BOEHEIM, FRED | |
| STREET ADDRESS | 756 SARABAY RD. | |
| CITY-ST-ZIP | OSPREY FL 34229 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | FRANZHEIM, WHITAKER | |
| STREET ADDRESS | 776 SARABAY RD. | |
| CITY-ST-ZIP | OSPREY FL 34229 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | MCDONALD, KEN | |
| STREET ADDRESS | 760 SARABAY RD. | |
| CITY-ST-ZIP | OSPREY FL 34229 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BLACKWOOD, DEBORAH | |
| STREET ADDRESS | 778 SARABAY RD. | |
| CITY-ST-ZIP | OSPREY FL 34229 | |
| TITLE | AVD | <input type="checkbox"/> DELETE |
| NAME | THOMAS, BUD | |
| STREET ADDRESS | 756 SARABAY RD. | |
| CITY-ST-ZIP | OSPREY FL 34229 | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | KEITH, J. LLOYD | |
| STREET ADDRESS | 830 S. TAMiami TRAIL | |
| CITY-ST-ZIP | OSPREY FL 34229 | |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | TREASURER/DIR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Wenger, Carl | |
| 1.3 STREET ADDRESS | 764 Sarabay Rd | |
| 1.4 CITY-ST-ZIP | 764 Sarabay Rd | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE | Wenzel, Robert | |
| 2.2 NAME | 782 Sarabay Rd | |
| 2.3 STREET ADDRESS | 782 Sarabay Rd | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.4 CITY-ST-ZIP | 782 Sarabay Rd | |
| 3.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

3-29-96

941 966 6844

Date

Daytime Phone #

CR2E037 (12/95)