

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750900** (3)
1. Corporation Name
HERON BAY CLUB OWNERS ASSOCIATION, INC.

Principal Place of Business C/O LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST OSPREY FL 34229 US	Mailing Address C/O LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST OSPREY FL 34229 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date incorporated or Qualified 02/01/1980	4. FEI Number 59-2168498	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH STREET OSPREY FL 34229	10. Name and Address of New Registered Agent 81 Name Mr. Bud Thomas 82 Street Address (P.O. Box Number is Not Acceptable) Heron Bay Club Owners Assoc., Inc. 83 % 16 Church St. 84 City Osprey FL 85 Zip Code 34229
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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 *X [Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **4/14/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD SMITH, LIONEL 770 SARABAY RD. OSPREY FL	1.1 TITLE	D Whitaker Franzheim
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	776 Sarabay Rd.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE	VPTD CARL WENGER 786 SARABAY DRIVE OSPREY FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ROBERT WENZEL 782 SARABAY ROAD OSPREY FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD THOMAS, BUD 756 SARABAY RD. OSPREY FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ASD KEITH, J. LLOYD 16 CHURCH ST. OSPREY FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 as an attachment with an address.

SIGNATURE: *X [Signature]* DATE **4/14/98**

CR2E037 (10/97)