

FILE NOW: FILING FEE IS \$61.25

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750900

50 MAY 25 PM 2:25

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

|                                                 |                                                                                   |                                                                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

DOCUMENT # 750900

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



|                                |                        |                                                                                 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified                                               |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 02/01/1980                                                                      |
| 22 City & State                | 27 City & State        | 4. FEI Number                                                                   |
| 23 Zip                         | 28 Zip                 | 59-2168498                                                                      |
| 24 Country                     | 29 Country             | 5. Certificate of Status Desired <input type="checkbox"/>                       |
|                                | 30                     | \$8.75 Additional Fee Required                                                  |
|                                |                        | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
|                                |                        | \$5.00 May Be Added to Fees                                                     |

|                                                    |                                                                                                                                                                                      |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent    | 10. Name and Address of New Registered Agent                                                                                                                                         |
| THOMAS, BUD<br>16 CHURCH STREET<br>OSPREY FL 34229 | 81 Name Robert Wenzel, Agent<br>82 Street Address (P.O. Box Number is not Acceptable) Heron Bay Club Owners Assoc. Inc<br>83 16 Church Street<br>84 City Osprey FL 85 Zip Code 34229 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 Robert Wenzel, President, Agent DATE 4/12/99

|                            |                                               |                                                       |                                                                                                     |
|----------------------------|-----------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                                     |
| TITLE                      | SD <input type="checkbox"/> DELETE            | 1.1 TITLE                                             | Robert Wenzel, PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME                       | SMITH, LIONEL                                 | 1.2 NAME                                              | 782 Sarabay Rd.                                                                                     |
| STREET ADDRESS             | 770 SARABAY RD.                               | 1.3 STREET ADDRESS                                    | Osprey FL 34229                                                                                     |
| CITY-ST-ZIP                | OSPREY FL                                     | 1.4 CITY-ST-ZIP                                       |                                                                                                     |
| TITLE                      | D <input type="checkbox"/> DELETE             | 2.1 TITLE                                             | Lionel Smith, 78 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| NAME                       | WHITAKER, F                                   | 2.2 NAME                                              | 770 SARABAY RD.                                                                                     |
| STREET ADDRESS             | 776 SARABAY RD                                | 2.3 STREET ADDRESS                                    | Osprey, FL 34229                                                                                    |
| CITY-ST-ZIP                | OSPREY FL 34229                               | 2.4 CITY-ST-ZIP                                       |                                                                                                     |
| TITLE                      | D <input type="checkbox"/> DELETE             | 3.1 TITLE                                             | Deborah Blackwood - SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROBERT WENZEL                                 | 3.2 NAME                                              | 778 Sarabay Rd.                                                                                     |
| STREET ADDRESS             | 782 SARABAY ROAD                              | 3.3 STREET ADDRESS                                    | Osprey FL 34229                                                                                     |
| CITY-ST-ZIP                | OSPREY FL                                     | 3.4 CITY-ST-ZIP                                       |                                                                                                     |
| TITLE                      | PD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE                                             | Whit Franzheim - D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       | THOMAS, BUD                                   | 4.2 NAME                                              | 776 Sarabay Rd                                                                                      |
| STREET ADDRESS             | 756 SARABAY RD.                               | 4.3 STREET ADDRESS                                    | Osprey FL 34229                                                                                     |
| CITY-ST-ZIP                | OSPREY FL                                     | 4.4 CITY-ST-ZIP                                       |                                                                                                     |
| TITLE                      | ASD <input type="checkbox"/> DELETE           | 5.1 TITLE                                             | Bill O'Brien <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition           |
| NAME                       | KEITH, J. LLOYD                               | 5.2 NAME                                              | 772 Sarabay Rd                                                                                      |
| STREET ADDRESS             | 16 CHURCH ST.                                 | 5.3 STREET ADDRESS                                    | Osprey FL 34229                                                                                     |
| CITY-ST-ZIP                | OSPREY FL                                     | 5.4 CITY-ST-ZIP                                       |                                                                                                     |
| TITLE                      | <input type="checkbox"/> DELETE               | 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 on my attachment with an address, with all other like empowered.

SIGNATURE: [Signature] ASst Sec 4/13/99  
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: J Lloyd Keith  
 Date: 4/13/99 Daytime Phone #