

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750900

1. Entity Name

HERON BAY CLUB OWNERS ASSOCIATION, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90090 033 ****61.25

Principal Place of Business	Mailing Address
C/O LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST OSPREY FL 34229 US	C/O LIGHTHOUSE MANAGEMENT & REALTY 16 CHURCH ST OSPREY FL 34229-9349 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2168498		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENZEL, ROBERT
16 CHURCH STREET
OSPREY FL 34229

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 Robert Wenzel
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENZEL, ROBERT	NAME	Franzheim, Whit
STREET ADDRESS	782 SARABAY RD.	STREET ADDRESS	776 Sarabay Rd
CITY-ST-ZIP	OSPREY FL 34229	CITY-ST-ZIP	Osprey, FL 34229
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LIONEL	NAME	
STREET ADDRESS	770 SARABAY RD	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWOOD, DEBORAH	NAME	
STREET ADDRESS	778 SARABAY ROAD	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZHEIM, WHIT	NAME	
STREET ADDRESS	776 SARABAY RD.	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229	CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH, LLOYD J	NAME	
STREET ADDRESS	16 CHURCH ST.	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, BILL	NAME	
STREET ADDRESS	772 SARABAY RD	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229	CITY-ST-ZIP	

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

Date

Daytime Phone #

CR2E037 (9/99)