

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750900

FILED
Mar 05, 2009
Secretary of State

Entity Name: HERON BAY CLUB OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O LIGHTHOUSE MANAGEMENT & REALTY
16 CHURCH ST
OSPREY, FL 34229 US

New Principal Place of Business:

Current Mailing Address:

C/O LIGHTHOUSE MANAGEMENT & REALTY
16 CHURCH ST
OSPREY, FL 34229 US

New Mailing Address:

FEI Number: 59-2168498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAGBY, SUMNER
HERON BAY CLUB
16 CHURCH STREET
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WENZEL, ROBERT
Address: 782 SARABAY RD.
City-St-Zip: OSPREY, FL 34229

Title: TD () Delete
Name: BAGBY, SUMNER
Address: 758 SARABAY RD
City-St-Zip: OSPREY, FL 34229

Title: VP () Delete
Name: HATCH, RON
Address: 784 JASABAY RD
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: O'BRIEN, WILLIAM
Address: 772 SARABAY RD
City-St-Zip: OSPREY, FL 34229

Title: ASD () Delete
Name: KEITH, LLOYD J
Address: 16 CHURCH ST.
City-St-Zip: OSPREY, FL

Title: P (X) Delete
Name: BLINKINSOP, GEORGE
Address: 770 SARA BAY ROAD
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BAGBY, SUMNER
Address: 758 SARABAY RD
City-St-Zip: OSPREY, FL 34229

Title: VP (X) Change () Addition
Name: HATCH, RON
Address: 784 SARABAY RD
City-St-Zip: OSPREY, FL 34229

Title: D (X) Change () Addition
Name: MASTRIA, RICHARD
Address: 796 SARABAY RD
City-St-Zip: OSPREY, FL 34229

Title: P (X) Change () Addition
Name: BLINKINSOP, GEORGE
Address: 770 SARABAY ROAD
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYANNE MERRILL

MNGR

03/05/2009

Electronic Signature of Signing Officer or Director

Date