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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762115 (4)

1. Corporation Name

HERON COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W STATE RD 434 STE 5000 LONGWOOD FL 32779	2180 W STATE RD 434 STE 5000 LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified: 02/25/1982
3a. Date of Last Report: 05/01/1996

4. FEI Number: 59-2190459 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HART, JAMES W 2180 W STATE RD 434 STE 5000 LONGWOOD FL 32779	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	BOWMAN, RON		1.2 NAME	BOWMAN,RON	
STREET ADDRESS	236 HERON BAY CIR		1.3 STREET ADDRESS	236 HERON BAY CIR	
CITY-ST-ZIP	LAKE MARY FL		1.4 CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	VD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GREENE, JEAN		2.2 NAME	LOFANO,JOE	
STREET ADDRESS	203 HERON BAY CIR		2.3 STREET ADDRESS	193 HERON BAY CIR	
CITY-ST-ZIP	LAKE MARY FL		2.4 CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SD	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	LOCKHART, VIRGINIA		3.2 NAME	LOCKHART,VIRGINIA	
STREET ADDRESS	195 HERON BAY CIR		3.3 STREET ADDRESS	195 HERON BAY CIR	
CITY-ST-ZIP	LAKE MARY FL		3.4 CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KERSHNER, BRUCE		4.2 NAME		
STREET ADDRESS	158 HERON BAY CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STEMLEY, CHRIS		5.2 NAME		
STREET ADDRESS	156 HERON BAY CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 an attachment with an address.

SIGNATURE [signature] RON BOWMAN