

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90134 011 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762115

1. Corporation Name

HERON COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
2180 W STATE RD 434 STE 5000
LONGWOOD FL 32779

Mailing Address
2180 W STATE RD 434 STE 5000
LONGWOOD FL 32779



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/25/1982

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

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 VP ☒ DELETE
NAME BOWMAN, RON
STREET ADDRESS 236 HERON BAY CIR
CITY-ST-ZIP LAKE MARY FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME LOFANO, JOE
STREET ADDRESS 193 HERON BAY CIR.
CITY-ST-ZIP LAKE MARY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME THOMSON, DUNCAN
STREET ADDRESS 220 HERON BAY CIR
CITY-ST-ZIP LAKE MARY FL 32746

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME KERSHNER, BRUCE
STREET ADDRESS 158 HERON BAY CIR
CITY-ST-ZIP LAKE MARY FL

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SPALDING, TRAVIS
STREET ADDRESS 206 HERON BAY CIR
CITY-ST-ZIP LAKE MARY FL 32746

5.1 TITLE VD ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ID ☐ Change ☒ Addition
6.2 NAME GLENN, DAVID
6.3 STREET ADDRESS 243 HERON BAY CIR
6.4 CITY-ST-ZIP LAKE MARY FL 32746

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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

762115

401050-90134-11

HERON COVE HOMEOWNERS ASSN., INC

	DELETE	ADDITION	CHANGE
TITLE	D	X	
NAME	GRAY, KAY		
STREET ADDRESS	168 HERON BAY CIR		
CITY ST ZIP	LAKE MARY FL 32746		

	DELETE	ADDITION	CHANGE
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			

	DELETE	ADDITION	CHANE
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			

	DELETE	ADDITION	CHANGE
TITLE			
NAME			
STREET ADDRESS			
CITY ST ZIP			

	DELETE	ADDITION	CHANGE
TIT.E			
NAME			
STREET ADDRESS			
CITY ST ZIP			