

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762115

1. Entity Name

HERON COVE HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90193 020 ****61.25

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 32779-5042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2190459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W
2180 W STATE RD 434 STE 5000
LONGWOOD FL 32779

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

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 **D** ☒ Delete
NAME **THOMSON, DUNCAN**
STREET ADDRESS **220 HERON BAY CIR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Change ☒ Addition
NAME **GRAY, KAY**
STREET ADDRESS **168 HERON BAY CIR.**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **PD** ☐ Delete
NAME **KERSHNER, BRUCE**
STREET ADDRESS **158 HERON BAY CIR**
CITY-ST-ZIP **LAKE MARY FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **32746**

TITLE **VD** ☒ Delete
NAME **SPALDING, TRAVIS**
STREET ADDRESS **206 HERON BAY CIR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D** ☐ Change ☒ Addition
NAME **BOWMAN, RON**
STREET ADDRESS **236 HERON BAY CIR.**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **TD** ☐ Delete
NAME **GLENN, DAVID**
STREET ADDRESS **243 HERON BAY CIR**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **VD** ☐ Change ☒ Addition
NAME **SCOTT, DAVID**
STREET ADDRESS **114 HERON BAY CIR.**
CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

RONALD BOWMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-00

407-321-1857

CR2E037 (9/99)