2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 19, 2001 8:00 am [§] **DOCUMENT # 762115** Secretary of State 1. Entity Name HERON COVE HOMEOWNERS' ASSOCIATION, INC. 03-19-2001 90014 023 ****61.25 Principal Place of Business Mailing Address 2180 W STATE RD 434 STE 5000 2180 W STATE RD 434 STE 5000 LONGWOOD FL 32779 LONGWOOD FL 32779 817328 2. Principal Place of Business 3. Mailing Address West 50455 0 1307 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2190459 ake Mar Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EPM Services Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W 2180 W STATE RD 434 STE 5000 LONGWOOD FL 32779 7000 72708 City Fl nterspring 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the tate of Florida. 3/15/01 President SPM Serviceo Inc <u>Anne HRUSSEII</u> SIGNATUR (NQTE: Registered Agent signature required when reinstating) gnature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, 05 Change ☐ Addition D TITLE TITLE Qelete GRAU, LAU NAME GRAY , KAY NAME 168 Heron Bay Curcle STREET ADDRESS 168 HERON BAY CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Lake many The (X) Addition Delete ☐ Change TITLE TITLE KERSHNER, BRUCE NAME Sherwin, Harry NAME STREET ADDRESS 109 Heron BAY Circle STREET ADDRESS 158 HERON BAY CIR CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ake mary for 32740 Delete TITLE TITLE BAZZLE, ALLEN 107 Heron Bay Circle **BOWMAN, RON** NAME NAME STREET ADDRESS 236 HERON BAY CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ake mary it 32746 TD Change ☐ Addition TITLE TITLE ☐ Delete GLENN, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 243 HERON BAY CIR CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Change ☐ Addition Delete TITI F SCOTT, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 114 HERON VAY CIR CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 truffee employered 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 w

SIGNATURE: