## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 762115**

1. Entity Name

HERON COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

, , , , , o , p o , , , a o	o o. Basinoso	manningcan			ļ				
		P.O. BOX 9504							
WINTER SPRINGS FL 32708 LAKE		LAKE MARY FI	MARY FL 32795				,		
					ĺ	   1888    2484	DERIN BENNE ERNAN WANT MERCANDUR.	BLEST BIBIL BIBIS BIBI	il Bibil i <b>ac</b> i
2. Principal P	lace of Business	3. Mailing Add	dress						
PO			Box 915322				DIERR DEN BERNE BERNE NICH DER DER DE	11811 BIBIL 11811 619	
Suite, Apt. #, etc. Su			uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
,									
		City & Sta				4. FEI Number		Ap	plied For
		LONGV	100D	<u> </u>			59-2190459	No	t Applicable
Zip	Country	2)79		Country		5. Certificate of S	Status Desired	\$8.75 Add	
		<u> </u>	<u> </u>	USA				Fee Require	<u> </u>
	6. Name and Address of Current	Registered Ager	ıt	Name		7. Name and Ad	dress of New Registere	a Agent	
				NATI	CNAL	ASSOCIA	TIUN MANAG	EMENT C	OMPANY
EPM SERVICES, INC.			م جه	- Street	Address (l	C. Box Number is	Not Acceptable) -	34	
165 WEST SR 434				163	WE:	ST STATE	ROAD T	7	<del></del>
WINTER SPRINGS FL 32708									
				City		500.400	, F	L Zip Code	~ o ]
2 The stress			Landala - Itali			SPRINGS	<u> </u>	<u>-1327</u>	700
8. The above	named entity submits this statement for	or the purpose of c	nanging its i	egisterea office of	or register	ed agent, or both, i	n the state of Florida.		
·	DUT						2/1-/-		}
SIGNATURE _	/ 10 X X	M	ARC	A. BL	_UM		0/18/2	002	
Oldrin (Total	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE:	Registered Agent signs	ature required	when reinstating)	DAT	E	{
<u> </u>					<del></del>				
			9. Election Campaign Financing			\$5.00 May Be Make Check Payable to			
FILE NOW: FEE IS \$61.25		t t	Trust Fund Contribution.			Added to Fees		nent of State	
			_				<u> </u>		<u>*</u> *
10.	OFFICERS AND DI	RECTORS		11.	A	ODITIONS/CHAN	GES TO OFFICERS AND	DIRECTORS IN	10
	PÒ		Delete	TITLE				☐ Change	☐ Addition
	KERSHNER, BRUCE			NAME					İ
STREET ADDRESS	158 HERON BAY CIR			STREET ADDRESS	1				]
CITY-ST-ZiP	LAKE MARY FL 32746			CITY-ST-ZIP	ļ				
1	DS .		Delete	TITLE				Change	☐ Addition
	GRAY, KAY			NAME					
	168 HERON BAY CIRCLE				1				- 1
CITY-ST-ZIP				STREET ADDRESS					
	LAKE MARY FL 32746								
TITLE	LAKE MARY FL 32746 D	×	Delete	STREET ADDRESS CITY-ST-ZIP	DT			☐ Change	<b>⊠</b> Addition
NAME	LAKE MARY FL 32746 D SHERWIN, HARRY	×	Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	DT	NN, DAV	D RICKE	☐ Change	Addition
NAME · STREET ADDRESS"	LAKE MARY FL 32746 D SHERWIN, HARRY 109 HERON BAY CIRCLE	×		STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS	GLE 231	NN, DAV	BAY, CIRCLE	☐ Change	<b>⊠</b> Addition
NAME STREET ADDRESS" CITY-ST-ZIP	LAKE MARY FL 32746 D SHERWIN, HARRY 109 HERON BAY CIRCLE LAKE MARY FL 32746			STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP	GLE 231	NN, DAV H-HERUNI KE MARY	D 3A4, CIRCLE FL 32746		->-
NAME STREET ADDRESS* CITY-ST-ZIP TITLE	LAKE MARY FL 32746  D SHERWIN, HARRY 109 HERON BAY CIRCLE LAKE MARY FL 32746  D			STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE	GLE 231 LA	KE MARY	FL 32746	☐ Change	Addition  Addition
NAME STREET ADDRESS* CITY-ST-ZIP TITLE NAME	LAKE MARY FL 32746  D SHERWIN, HARRY 109 HERON BAY CIRCLE LAKE MARY FL 32746  D BAZZLE, ALLEN			STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME	GLE DA D GRA	KE MARY TZ <i>ER,</i> PA	FL 32746 TRICIA		->-
NAME STREET ADDRESS* CITY-ST-ZIP TITLE NAME STREET ADDRESS	LAKE MARY FL 32746  D SHERWIN, HARRY 109 HERON BAY CIRCLE LAKE MARY FL 32746  D BAZZLE, ALLEN 107 HERON BAY CIRCLE			STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CLE DA DERA 22	KE MARY TZER, PA- O ITERON	FL 32746 TRICIA BAI CIRCLE		->-
NAME STREET ADDRESS* CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKE MARY FL 32746  D SHERWIN, HARRY 109 HERON BAY CIRCLE LAKE MARY FL 32746  D BAZZLE, ALLEN		Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME -STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLE DA DERA 22	KE MARY TZER, PA- O ITERON	FL 32746 TRICIA	Change	✓Addition
NAME STREET ADDRESS* CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LAKE MARY FL 32746  D SHERWIN, HARRY 109 HERON BAY CIRCLE LAKE MARY FL 32746  D BAZZLE, ALLEN 107 HERON BAY CIRCLE			STREET ADDRESS CITY-ST-ZIP  TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CLE DA DERA 22	KE MARY TZER, PA- O ITERON	FL 32746 TRICIA BAI CIRCLE		->-
NAME STREET ADDRESS* CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAKE MARY FL 32746  D SHERWIN, HARRY 109 HERON BAY CIRCLE LAKE MARY FL 32746  D BAZZLE, ALLEN 107 HERON BAY CIRCLE		Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME -STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLE DA DERA 22	KE MARY TZER, PA- O ITERON	FL 32746 TRICIA BAI CIRCLE	Change	✓Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

Addition

Daytime Phone #

Mar 06, 2002 8:00 am Secretary of State

**FILED** 

03-06-2002 90074 010 \*\*\*\*61.25