

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90400 045 ****61.25

DOCUMENT # 762115

1. Entity Name

HERON COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

165 WEST SR 434
WINTER SPRINGS FL 32708

Mailing Address

PO BOX 915322
LONGWOOD FL 32791

94078106



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

NATIONAL ASSOCIATION MGMT COMPANY
165 WEST SR 434
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KERSHNER, BRUCE ☐ Delete
STREET ADDRESS 158 HERON BAY CIR
CITY-ST-ZIP LAKE MARY FL 32746

TITLE DS
NAME GRAY, KAY ☐ Delete
STREET ADDRESS 168 HERON BAY CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ~~DT~~
NAME ~~GLENN, DAVID~~ ☒ Delete
STREET ADDRESS ~~234 HERON BAY CIRCLE~~
CITY-ST-ZIP ~~LAKE MARY FL 32746~~

TITLE D
NAME WEBER, NANCY ☐ Delete
STREET ADDRESS 146 HERON BAY CIR.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ~~D~~
NAME ~~MESLER, DOUG~~ ☒ Delete
STREET ADDRESS ~~138 HERON BAY CIR.~~
CITY-ST-ZIP ~~LAKE MARY FL 32746~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/T
NAME GOLTARA, SHELLEY J. ☐ Change ☒ Addition
STREET ADDRESS 148 HERON BAY CIRCLE
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE D
NAME LANDSITTEL, SUE ☐ Change ☒ Addition
STREET ADDRESS 206 HERON BAY CIRCLE
CITY-ST-ZIP LAKE MARY, FL 32746

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

TITLE ☐ Change ☐ Addition
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:

Katherine P. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04