2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 762115

1. Entity Name
HERON COVE HOMEOWNERS' ASSOCIATION, INC.

FILED
04 OCT -6 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09012004 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
165 WEST SR 434 WINTER SPRINGS, FL 32708	PO BOX 915322 LONGWOOD, FL 32791

2. Principal Place of Business	3. Mailing Address
211 S. Magnolia Ave Suite, Apt. #, etc.	PO Box 1596 Suite, Apt. #, etc.
City & State: SANFORD FL	City & State: SANFORD FL
Zip: 32771 Country: US	Zip: 32772-1596 Country: US

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: Premier Property MGMT of Central FL
Street Address (P.O. Box Number is Not Acceptable): 211 S. Magnolia Ave
City: SANFORD FL Zip Code: 32771

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: Gina N. Halbrook
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KERSHNER, BRUCE 158 HERON BAY CIR LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800041605708 10/05/04--01039--002 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GRAY, KAY 168 HERON BAY CIRCLE LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GOLTARA, SHELLY J ?48 HERON BAY CIRCLE LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBER, NANCY 146 HERON BAY CIR. LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANDSITTEL, SUE 206 HERON BAY CIRCLE LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: K. DeLaughter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #