2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90128 035 ****61.25

DOCUMENT # 762115

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

40065916

Principal Place of Business	Mailing Address
211 S. MAGNOLIA AVENUE SANFORD, FL 32771	P.O. BOX 1596 SANFORD, FL 32772-1596

02042005 Chg-NP CR2E037 (10/03)

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

PREMIER PROPERTY MANAGEMENT OF CENTRAL FL
211 S. MAGNOLIA AVENUE
SANFORD, FL 32771

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 Gina N. Holbrook 4/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	P/D Del Rocco, JOE 100 Heron BAY CIR LAKE MARY, FL 32746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GRAY, KAY 168 HERON BAY CIRCLE LAKE MARY, FL 32746	☑ Delete	V/D JACOBS, WALT 106 Heron BAY CIR LAKE MARY, FL 32746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GOLTARA, SHELLY J ?48 HERON BAY CIRCLE LAKE MARY, FL 32746	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEBER, NANCY 146 HERON BAY CIR. LAKE MARY, FL 32746	☑ Delete	D Cebre, MARIE 113 Heron BAY CIR LAKE MARY, FL 32746	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANDSITTEL, SUE 206 HERON BAY CIRCLE LAKE MARY, FL 32746	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Joseph P. Del Rocco 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #