


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90138 022 ****61.25

DOCUMENT # 762115
 1. Entity Name
 HERON COVE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 206 S. ELM AVE
 SANFORD, FL 32771

Mailing Address
 P.O. BOX 1596
 SANFORD, FL 32772-1596



2. Principal Place of Business No P.O. Box # 3. Mailing Address

Suite, Apt. #, e Premier Property Management of CFL
 735 Primera Boulevard Suite 110

03272008 Chg-NP CR2E037 (12/06)

City & State Lake Mary, FL 32746

4. FEI Number 59-2190459 Applied For Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PREMIER PROPERTY MANAGEMENT OF CENTRAL FL
 206 S. ELM AVE.
 SANFORD, FL 32771

7. Name and Address of New Registered Agent
 Nar
 Stre Premier Property Management of CFL
 735 Primera Boulevard Suite 110
 Lake Mary, FL 32746
 City 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: *Benet R. Halberst* DATE: *4/11/08*

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, 2008

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 | <input type="checkbox"/> Delete |
| NAME | KERSHNER, BRUCE R | |
| STREET ADDRESS | 158 HERON BAY CIRCLE | |
| CITY-ST-ZIP | LAKE MARY, FL 32746 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BURKHART, JOHANNA | |
| STREET ADDRESS | 176 HERON BAY CIRCLE | |
| CITY-ST-ZIP | LAKE MARY, FL 32746 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | GOLTARA, SHELLY J | |
| STREET ADDRESS | 148 HERON BAY CIRCLE | |
| CITY-ST-ZIP | LAKE MARY, FL 32746 | |
| TITLE | REGA Secretary | <input checked="" type="checkbox"/> Delete |
| NAME | N. SUSANE Regan, Susan | |
| STREET ADDRESS | 178 HERON BAY CIRCLE | |
| CITY-ST-ZIP | LAKE MARY, FL 32746 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | REGAN, SUSAN E | |
| STREET ADDRESS | 178 HERON BAY CIRCLE | |
| CITY-ST-ZIP | LAKE MARY, FL 32746 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LOWE, STEPHEN | |
| STREET ADDRESS | 184 HERON BAY CIRCLE | |
| CITY-ST-ZIP | LAKE MARY, FL 32746 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------|--|
| TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Sierks, Jerry | |
| STREET ADDRESS | 128 Heron Bay Circle | |
| CITY-ST-ZIP | LAKE MARY, FL 32746 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cimock, Ben | |
| STREET ADDRESS | 196 Heron Bay Circle | |
| CITY-ST-ZIP | LAKE MARY, FL 32746 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Johanna Burkhardt* *Johanna Burkhardt* 4/11/08 407-322-4922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #