

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762115

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** HERON COVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

PREMIER PROPERTY MANAGEMENT OF CFL  
735 PRIMERA BOULEVARD SUITE 110  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

PREMIER PROPERTY MANAGEMENT OF CFL  
735 PRIMERA BOULEVARD SUITE 110  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 59-2190459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PREMIER PROPERTY MANAGEMENT OF CFL  
735 PRIMERA BOULEVARD SUITE 110  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KERSHNER, BRUCE R  
Address: 158 HERON BAY CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

Title: VD ( ) Delete  
Name: BURKHART, JOHANNA  
Address: 176 HERON BAY CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

Title: T ( ) Delete  
Name: SIERKS, JERRY  
Address: 128 HERON BAY CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: CIMOCK, BEN  
Address: 196 HERON BAY CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

Title: SD ( ) Delete  
Name: REGAN, SUSAN E  
Address: 178 HERON BAY CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE KERSHNER

P

02/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date