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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767954 (1)

1. Corporation Name

HERONWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1274 BUSINESS PK PL P O BOX 65 JENSEN BEACH FL 34958 US	1274 NE BUSINESS PK PL P O BOX 65 JENSEN BEACH FL 34958 US

3. Date Incorporated or Qualified: 04/14/1983

4. FEI Number: 59-2286853 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ADVANTAGE PROPERTY MGMT
1274 NE BUSINESS PARK PLACE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

CR2E037 (10/97)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	S D	☐ Change ☒ Addition
NAME	SMITH, RICHARD		1.2 NAME	DONAHUE, ALICE	
STREET ADDRESS	2143 SW SPOONBILL DR.		1.3 STREET ADDRESS	2260 SW STARLING DRIVE	
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP	PALM CITY FL	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SELLERS, WENDELL		2.2 NAME		
STREET ADDRESS	2088 SW SPOONBILL DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AROUNDFOOT, JOEY		3.2 NAME		
STREET ADDRESS	2118 SW HERONWOOD RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WYLLIE, SCOTT		4.2 NAME		
STREET ADDRESS	2285 SW CREEKSIDE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RABASA, JOE		5.2 NAME		
STREET ADDRESS	2398 SW HERONWOOD RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		5.4 CITY-ST-ZIP		
TITLE	TDV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEAR, ALLAN		6.2 NAME		
STREET ADDRESS	2266 SW CREEKSIDE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 3/2/98 (561) 288-2643