2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90019 049 ****61.25

DOCUMENT # 767954

1. Entity 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

DO NOT WRITE IN THIS SPACE

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 59-2286853 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADVANTAGE PROPERTY MGMT 1274 NE BUSINESS PARK PLACE JENSEN BEACH FL 34957	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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DONAHUE, ALICE 2260 SW STARLING DR PALM CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOVISA, Louis 2255 SW Creekside Dr Palm City, Fl 34990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELLERS, WENDELL 2086 SW SPOONBILL DRIVE PALM CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Paterson, Robert 2161 SW Starling Dr Palm City, Fl 34990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONANNE, ALICE 2260 SW STARLING DR. PALM CITY FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Jones, NANCY 2498 SW Heronwood Rd Palm City, Fl 34990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SMITH, RICHARD 2143 SW SPOONBILL DR. PALM CITY FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Martins, MANUEL 2478 SW Heronwood Rd Palm City, Fl 34990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SELLERS, WENDELL 2083 SW SPOONBILL DR. PALM CITY FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REPLOGLE, DANIEL 2284 SW Spoonbill Dr Palm City Fl 34990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDV WEAR, ALLAN 2266 SW CREEKSIDE DR PALM CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cribben, MARY LOUISE 2237 SW Heronwood Rd Palm City Fl 34990 ☐ Change ☒ Addition

CR2E037 (10/00)

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