

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90143 042 ****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

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	PD LOVISA, LOUIS 2255 SW CREEKSIDE DR PALM CITY FL 34990	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATERSON, ROBERT 2161 SW STARLING DR PALM CITY FL 34990	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, NANC 2438 SW HERONWOOD RD PALM CITY FL 34990	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINS, MANUEL 2478 SW HERONWOOD RD PALM CITY FL 34990	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPLOLE, DANIEL 2284 SW SPOONBILL DR PALM CITY FL 34990	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIBBEN, MARY L 2237 SW HERONWOOD RD PALM CITY FL 34990	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRILLO, Frank 2226 SW CREEKSIDE DR PALM CITY, FL 34990	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD Kehlhem, Arthur W. 2221 SW STARLING DR PALM CITY, FL 34990	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jones, Nancy	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Replone, Daniel	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRIBBIN, Marylouise	☒ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

772-781-3980
Daytime Phone #

CR2E037 (9/01)