

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767954

FILED
Mar 17, 2009
Secretary of State

Entity Name: HERONWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994 US

New Mailing Address:

FEI Number: 59-2286853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANTAGE PROPERTY MGMT
1111 SE FEDERAL HWY
STUART, FL 34994 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: TD () Delete
Name: MILLER, SANDRA
Address: 2337 SW HERONWOOD RD
City-St-Zip: PALM CITY, FL 34990

Title: PD () Delete
Name: WEBB, RALPH
Address: 2898 SW HERONWOOD RD
City-St-Zip: PALM CITY, FL 34990

Title: VPD () Delete
Name: DUNLEA, ROBERT
Address: 2377 SW HERONWOOD RD
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: MUDGE, CHARLES
Address: 3774 SW SPOONBILL TERRACE
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: CARR, NANCY
Address: 3680 SW STARLING TERR
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: SALVER, HENRY
Address: 2418 SW HERONWOOD ROAD
City-St-Zip: PALM CITY, FL 34990

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: D (X) Change () Addition
Name: PHINNEY, JOHN
Address: 2465 SW CREEKSIDE DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: SD (X) Change () Addition
Name: SALVER, HENRY
Address: 2418 SW HERONWOOD ROAD
City-St-Zip: PALM CITY, FL 34990

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: RALPH WEBB

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date