

N000000007794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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@ 6/28/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2010

DEBORAH JONES
THE CONTINENTAL GROUP, INC.
2043 14TH AVENUE
VERO BEACH, FL 32960

SUBJECT: HERON CREST COMMUNITY ASSOCIATION, INC.
Ref. Number: N00000007794

We have received your document for HERON CREST COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 710A00012279



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2010

DEBORAH JONES
THE CONTINENTAL GROUP, INC.
2043 14TH AVENUE
VERO BEACH, FL 32960

SUBJECT: HERON CREST COMMUNITY ASSOCIATION, INC.
Ref. Number: N00000007794

We have received your document for HERON CREST COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 310A00011068

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Heron Crest Community Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N00000007794

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Jones
Name of Contact Person

The Continental Group, Inc.
Firm/Company

2043 14th Avenue
Address

Vero Beach, FL 32960
City/State and Zip Code

djones@vista-properties.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Rodriguez at (561) 296-5444
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Heron Crest Community Association, Inc.
2. The principal office address: c/o The Continental Group, Inc.
2043 14th Avenue, Vero Beach, FL 32960
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/27/2000 Document number: N00000007794

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jeff Rembaum

201 Alhambra Circle, Suite 1102

Coral Gables, FL 33134

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SKRLD, Inc.

201 Alhambra Circle, #1102

P.O. Box NOT acceptable

Coral Gables, FL 33134

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Jennifer M. Richmond
Signature of an officer or director

Jennifer M. Richmond
Printed or typed name and title
Treasurer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

6/23/10
Date

If signing on behalf of an entity:

Lisa A-Lerner
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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