

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90038 017 ****61.25

DOCUMENT # N01000002014

1. Entity Name
**HERON WOODS HOMEOWNERS' ASSOCIATION OF
CITRUS COUNTY, INC.**



Principal Place of Business
**701 WHITE BOULEVARD
INVERNESS, FL 34453**

Mailing Address
**701 WHITE BOULEVARD
INVERNESS, FL 34453**

50027334



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03102005 Chg-NP CR2E037 (10/03)

4. FEI Number
02-0588412

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**KENNEY, PAT
701 WHITE BLVD.
INVERNESS, FL 34453**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Pat Kenney* **Pat Kenney** **3/10/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MAUREEN 701 WHITE BOULEVARD INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAMMY, JENELLE 701 WHITE BLVD. INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUJA, DEBRA 701 WHITE BLVD INVERNESS, FL 34453 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEY, PAT 701 WHITE BLVD. INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALBURY, JOANNE 701 WHITE BLVD. INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KODRICH, TERESA 701 WHITE BLVD. INVERNESS, FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Pat Kenney* **Pat Kenney** **3/10/05** **352-726-1113**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

ATTACHMENT

NO1000002014

HERON WOODS – HOMEOWNERS ASSOCIATION 50027334
CURRENT BOARD MEMBERS

Jenelle Sammy, V. President 845 Stately Oaks Drive, Inverness 34453 352-344-9373

JoAnne Albury, Secretary 1048 Stately Oaks Drive, Inverness 34453 352-344-2327

Teresa Kodrich, Director 874 Duck Cove Path, Inverness 34453

Maureen Wilson, Director PO Box 2917, Crystal River 34423 352-795-7853

Pat Kenney, Director 1305 W Sorrento Dr, Citrus Spgs 34434 352-489-5809