2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002014

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

Principal Place of Business	Mailing Address
701 WHITE BOULEVARD INVERNESS, FL 34453	701 WHITE BOULEVARD INVERNESS, FL 34453

02082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

Filing Fee is $61.25
Due by May 1, 2006

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

U00000447019
03/08/06-80072-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, MAUREEN
STREET ADDRESS	701 WHITE BOULEVARD
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	VP
NAME	SAMMY, JENELLE
STREET ADDRESS	701 WHITE BLVD.
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	D
NAME	KENNEY, PAT
STREET ADDRESS	701 WHITE BLVD.
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	S
NAME	ALBURY, JOANNE
STREET ADDRESS	701 WHITE BLVD.
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	D
NAME	KODRICH, TERESA
STREET ADDRESS	701 WHITE BLVD.
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 2/23/06 352-726-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #