

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90092 001 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0588412	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when restate) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 D NAME WILSON, MAUREEN STREET ADDRESS 701 WHITE BOULEVARD CITY-ST-ZIP INVERNESS, FL 34453	<input checked="" type="checkbox"/> Delete		TITLE NAME AIMEE DIRSCHERL STREET ADDRESS 701 WHITE BLVD CITY-ST-ZIP INVERNESS, FL 34453	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SAMMY, JENELLE STREET ADDRESS 701 WHITE BLVD. CITY-ST-ZIP INVERNESS, FL 34453	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KENNEY, PAT STREET ADDRESS 701 WHITE BLVD. CITY-ST-ZIP INVERNESS, FL 34453	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME ALBURY, JOANNE STREET ADDRESS 701 WHITE BLVD. CITY-ST-ZIP INVERNESS, FL 34453	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KODRICH, TERESA STREET ADDRESS 701 WHITE BLVD. CITY-ST-ZIP 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	<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 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:			1/26/07 352-726-1113		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		