

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002014

FILED
Jan 13, 2009
Secretary of State

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

Current Principal Place of Business:

701 WHITE BOULEVARD
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

701 WHITE BOULEVARD
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 02-0588412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KENNEY, PAT
701 WHITE BLVD.
INVERNESS, FL 34453 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: VP () Delete
Name: SAMMY, JENELLE
Address: 701 WHITE BLVD.
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: KENNEY, PAT
Address: 701 WHITE BLVD.
City-St-Zip: INVERNESS, FL 34453

Title: S () Delete
Name: ALBURY, JOANNE
Address: 701 WHITE BLVD.
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: KODRICH, TERESA
Address: 701 WHITE BLVD.
City-St-Zip: INVERNESS, FL 34453

Title: D () Delete
Name: DIRSCHERL, AIMEE
Address: 701 WHITE BLVD
City-St-Zip: INVERNESS, FL 34453

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAT KENNEY

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date