

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

RECEIVED FEB 26 2007
FILED

Mar 19, 2007 08:00 AM
Secretary of State



DOCUMENT # N01000007589
1. Entity Name
HERON HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 620 NE 28TH STREET #210 WILTON MANORS FL 33334	Mailing Address 620 NE 28TH STREET #210 WILTON MANORS FL 33334
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-1147617	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TUCKER & TIGHE, P.A.
800 E. BROWARD BLVD., SUITE 710
FORT LAUDERDALE FL 33301

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	PD STRICKLAND, VERNON	<input type="checkbox"/> Delete
STREET ADDRESS	620 NE 28TH STREET #101	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	STD SHUBERT, DUANE D	<input type="checkbox"/> Delete
STREET ADDRESS	620 NE 28TH STREET #103	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE	V/D SEAY, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	620 NE 28TH STREET #604	
CITY-ST-ZIP	WILTON MANORS FL 33334	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

U00000671392
03/28/07-80027-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ **FILED** 03/22/2007 767-0810