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Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01941 (6)
1. Corporation Name
HERON LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O KEYS-CALDWELL PROPERTY MANAGMENT 250 W TAMPA AVE VENICE FL 34285
C/O KEYS-CALDWELL PROPERTY MANAGMENT 250 W TAMPA AVE VENICE FL 34285-1729

3. Date Incorporated or Qualified 03/14/1984
3a. Date of Last Report 04/30/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number 59-2434238 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CALDWELL, ANNETTE K.
KEYS-CALDWELL PROPERTY MANAGEMENT
250 W TAMPA AVE
VENICE FL 34285

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD SMITH, THOMAS 3030 HERON LAKES CT VENICE FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD MOLZAHN, CARYL 3013 SEAWIND CIRCLE VENICE FL	2.1 TITLE	PD MOLZAHN, CARYL 3013 SEAWIND CIRCLE VENICE, FL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D MYERS, FREDERICK 3005 SEAWIND CIRCLE VENICE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD BUTLER, JANE 3012 SAIL POINTE CIRCLE VENICE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD SEIDENSTEIN, PAULINE 3001 SEAWIND CIRCLE VENICE FL	5.1 TITLE	SD BROWN, MARJORIE 3004 SAIL POINT CIRCLE VENICE, FL
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD SMITH, THOMAS 3030 HERON LAKES CT VENICE FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD MOLZAHN, CARYL 3013 SEAWIND CIRCLE VENICE FL	2.1 TITLE	PD MOLZAHN, CARYL 3013 SEAWIND CIRCLE VENICE, FL
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD BUTLER, JANE 3012 SAIL POINTE CIRCLE VENICE FL	4.1 TITLE	
NAME		4.2 NAME	
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CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD SEIDENSTEIN, PAULINE 3001 SEAWIND CIRCLE VENICE FL	5.1 TITLE	SD BROWN, MARJORIE 3004 SAIL POINT CIRCLE VENICE, FL
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JANE BUTLER 4/197 441-484-6108

CR2E037 (9/96)