

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01941 (6)**  
1. Corporation Name  
**HERON LAKES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <del>C/O KEYS CALDWELL PROPERTY MANAGEMENT 850 W TAMPA AVE VENICE FL 34205</del>	Mailing Address <del>C/O KEYS CALDWELL PROPERTY MANAGEMENT 850 W TAMPA AVE VENICE FL 34205</del>
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3. Date Incorporated or Qualified  
**03/14/1984**

4. FEI Number  
**59-2434238**

Applied For	Not Applicable
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2. Principal Place of Business <b>21 C/O Premier Management Services Suite, Apt. #, etc.</b>	2a. Mailing Address <b>21 C/O Premier Management Services Suite, Apt. #, etc.</b>
<b>22 1777 TAMAMI TRAIL-STE 5000</b>	<b>22 1777 TAMAMI TR. STE 5000</b>
<b>23 PORT CHARLOTTE, FL</b>	<b>23 PORT CHARLOTTE FL</b>
<b>24 33948</b>	<b>24 33948</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
**Condo**  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

~~CALDWELL, ANNETTE K.  
KEYS CALDWELL PROPERTY MANAGEMENT  
850 W TAMPA AVE  
VENICE FL 34205~~

10. Name and Address of New Registered Agent

<b>81 Name</b>	<b>BARBARA L. KAMECK</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	<b>PREMIER MANAGEMENT SERVICES, INC</b>
<b>83</b>	<b>1777 TAMAMI TRAIL # 5000</b>
<b>84 City</b>	<b>PT. CHARLOTTE FL</b>
<b>85 Zip Code</b>	<b>33948</b>

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 *Barbara L. Kameck* **Mg. Agent** **3/31/98**  
Signature based 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	<b>VD</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SMITH, THOMAS</del>	1.2 NAME	<b>Joseph DeMartino</b>
STREET ADDRESS	<del>3000 HERON LAKES CT</del>	1.3 STREET ADDRESS	<b>3022 Sail Pointe Cir</b>
CITY-ST-ZIP	<del>VENICE FL</del>	1.4 CITY-ST-ZIP	<b>Venice, FL</b>
TITLE	<b>PD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOLZAHN, CARYL</b>	2.2 NAME	<b>MOLZAHN, CARYL</b>
STREET ADDRESS	<b>3013 SEAWIND CIRCLE</b>	2.3 STREET ADDRESS	<b>3013 Seawind Circle</b>
CITY-ST-ZIP	<b>VENICE FL</b>	2.4 CITY-ST-ZIP	<b>Venice, FL</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, FREDERICK</b>	3.2 NAME	
STREET ADDRESS	<b>3005 SEAWIND CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTLER, JANE</b>	4.2 NAME	<b>Butler, Jane</b>
STREET ADDRESS	<b>3012 SAIL POINTE CIRCLE</b>	4.3 STREET ADDRESS	<b>3012 SAIL POINTE CIRCLE</b>
CITY-ST-ZIP	<b>VENICE FL</b>	4.4 CITY-ST-ZIP	<b>Venice, FL</b>
TITLE	<b>SD</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SEIGENSTEIN, PADRE</del>	5.2 NAME	<b>Lillian Schoenliex</b>
STREET ADDRESS	<del>8804 SAIL POINT CIR</del>	5.3 STREET ADDRESS	<b>3038 Heron Lakes Ct</b>
CITY-ST-ZIP	<del>VENICE FL</del>	5.4 CITY-ST-ZIP	<b>Venice, FL</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *J. Jane Butler* **REQUIRE D** **X** **4/1/98** **941-497-4455**

CR2E037 (10/97)