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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01941

1. Corporation Name

HERON LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1777 TAMAMI TR
 STP 5000
 PRT CHARLOTTE FL 33948
 US

Mailing Address

1777 TAMAMI TR
 STE 5000
 PORT CHARLOTTE FL 33948
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/14/1984

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

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 **BARBARA L. KAMECK**
 82 Street Address (P.O. Box Number is Not Acceptable)
PREMIER MANAGEMENT SERVICES
 83 **1777 TAMAMI TRAIL #5000**
 84 City **PT. CHARLOTTE** FL 85 Zip Code **33948**

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

BARBARA L. KAMECK

1/5/99

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEMARTINO, JOSEPH	
STREET ADDRESS	3022 SAIL POINTE CIR	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOLZAHN, CARYL	
STREET ADDRESS	3013 SEAWIND CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, FREDERICK	
STREET ADDRESS	3005 SEAWIND CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, JANE	
STREET ADDRESS	3012 SAIL POINTE CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHOENLIER, LILLIAN	
STREET ADDRESS	3038 HERON LAKES CT	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>D Sheehan L.J.</i>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>D MARTIN, INGRID</i>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>VTD MYERS, ROSEMARY</i>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>SD HANRAHAN, EVELYN</i>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Rosemary C. Myers* SIGNATURE REQUIRED: *Rosemary C. Myers* 4/9/99 (941) 627-3330

CR2E037 (11/98)