
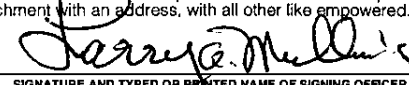


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90036 001 ****61.25

DOCUMENT # N02000003938 1. Entity Name NOBLE HERON VILLA ASSOCIATION, INC.					
Principal Place of Business 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103			Mailing Address 4200 GULF SHORE BLVD. NORTH NAPLES, FL 34103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0606142	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREGORY, C. NEIL ESQ. 850 PARK SHORE DR. NAPLES, FL 34103				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Directory VP and <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLINS, LARRY		NAME	Assistant Secretary	
STREET ADDRESS	2600 GOLDEN GATE PKWY STE 109		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	Director, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAKER, RICHARD		NAME	Secretary and Assistant Treasurer	
STREET ADDRESS	4200 GULF SHORE BLVD. NORTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Director and President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUTGERT, KURT		NAME		
STREET ADDRESS	2600 GOLDEN GATE PKWY STE 109		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
TITLE	VST	<input type="checkbox"/> Delete	TITLE	Director and VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUTMAN, HOWARD		NAME	Treasurer and Assistant Secretary	
STREET ADDRESS	4200 GULF SHORE BLVD. NORTH		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: 			2.24.04 239.403.6777		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
LARRY A. MULLINS					