

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005361

FILED
Apr 29, 2004
Secretary of State**Entity Name:** HERONS GLEN RESIDENTS ASSOCIATON, INC.**Current Principal Place of Business:**20800 MYSTIC WAY
NORTH FORT MYERS, FL 33917**New Principal Place of Business:**20736 ATHENIAN LANE
NORTH FORT MYERS, FL 33917**Current Mailing Address:**20800 MYSTIC WAY
NORTH FORT MYERS, FL 33917**New Mailing Address:**20736 ATHENIAN LANE
NORTH FORT MYERS, FL 33917**FEI Number:** 52-2371391**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HART, THOMAS
1625 HENDRY STREET SUITE 301
FT. MYERS, FL 33990 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date _____

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, DONALD F
Address: 20800 MYSTIC WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VD () Delete
Name: SORENSON, DICK
Address: 20736 ATHENIAN LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SD () Delete
Name: MANKOVICH, CATHY
Address: 1901 CORONA DEL SIRE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TD () Delete
Name: HOPKINS, BETTY
Address: 20800 MYSTIC WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SORENSON, RICHARD N
Address: 20736 ATHENIAN LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VD (X) Change () Addition
Name: MARS, KAREN
Address: 1861 EMBARCADERO WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: KAHN, KIMBALL W
Address: 20754 ATHENIAN LANE
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBALL W. KAHN

TD

04/29/2004

Electronic Signature of Signing Officer or Director

Date