

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90190 024 \*\*\*\*61.25

**DOCUMENT # N02000005361**

1. Entity Name

**HERONS GLEN RESIDENTS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**20800 MYSTIC WAY  
NORTH FORT MYERS FL 33917**

**20800 MYSTIC WAY  
NORTH FORT MYERS FL 33917**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

**52-2371391**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HART, THOMAS  
1625 HENDRY STREET SUITE 301  
FT. MYERS FL 33990**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **CHAMBERS, KEITH**  
STREET ADDRESS **20800 MYSTIC WAY**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE **VD** ☒ Delete  
NAME **CAMPBELL, DONALD F**  
STREET ADDRESS **20800 MYSTIC WAY**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE **SD** ☒ Delete  
NAME **SEYMOUR, JUNE**  
STREET ADDRESS **20800 MYSTIC WAY**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE **TD** ☐ Delete  
NAME **HOPKINS, BETTY**  
STREET ADDRESS **20800 MYSTIC WAY**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **CAMPBELL, DONALD F.**  
STREET ADDRESS **20800 MYSTIC WAY**  
CITY-ST-ZIP **NORTH FORT MYERS, 33917 FL**

TITLE **VD** ☐ Change ☒ Addition  
NAME **DICK SORENSON**  
STREET ADDRESS **20736 ATHENIAN LANE**  
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE **SD** ☐ Change ☒ Addition  
NAME **CATHY MANKOVICH**  
STREET ADDRESS **1901 CORONA DEL SIRE**  
CITY-ST-ZIP **NORTH FORT MYERS, FL 33917**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

**4/4/03**

**239-567-2898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DONALD F. CAMPBELL**

CR2E037 (10/02)