

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000006017

1. Entity Name  
HERON POINTE MEDICAL CENTER CONDOMINIUM  
ASSOCIATION, INC.



FILED

06 JUL 10 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5995 4TH STREET  
VERO BEACH, FL 32968

Mailing Address  
5995 4TH STREET  
VERO BEACH, FL 32968

2. Principal Place of Business

1880 37TH ST

Suite, Apt. #, etc.

3. Mailing Address

1880 37TH ST

Suite, Apt. #, etc.

#4

City & State

VERO BEACH FL

Zip

32960

Country

City & State

VERO BEACH, FL

Zip

32960

Country



03/06/06 90027 016 \$61.25  
06222006 Chg-NP CR2E037 (4/06)

4. FEI Number  
20-1942034

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LASSWELL, ANITA B PH.D.  
5995 4TH STREET  
VERO BEACH, FL 32968

7. Name and Address of New Registered Agent

Name  
KAREN MERRILL  
Street Address (P.O. Box Number is Not Acceptable)  
% ELLIOTT MERRILL COMMUNITY MANAGEMENT  
835 20TH ST  
City  
VERO BEACH FL Zip Code  
32960

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

*Karen Merrill*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 6, 2006

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 LASSWELL, WILLIAM L M.D.  
STREET ADDRESS 5995 4TH STREET  
CITY-ST-ZIP VERO BEACH, FL 32968

TITLE STD ☒ Delete  
NAME LASSWELL, ANITA B  
STREET ADDRESS 5995 4TH STREET  
CITY-ST-ZIP VERO BEACH, FL 32968

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 P ☐ Change ☒ Addition  
NAME DR. JANET E ANDERSON  
STREET ADDRESS 1880 37TH ST #4  
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE S ☐ Change ☒ Addition  
NAME JAMIE RIBULA  
STREET ADDRESS 1880 37TH ST #5  
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE T ☐ Change ☒ Addition  
NAME DR KATH GROVE  
STREET ADDRESS 1880 37TH ST #3  
CITY-ST-ZIP VERO BEACH, FL 32960

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*JK 7/10*

7/5/06