

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90075 044 ****61.25

DOCUMENT # N03000006017					
1. Entity Name HERON POINTE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1880 37TH STREET VERO BEACH, FL 32960			Mailing Address 1880 37TH STREET, #4 VERO BEACH, FL 32960 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address C/O Elliott Merrill Mgmt. 835 20th Place Suite, Apt. #, etc.			
Suite, Apt. #, etc.		City & State Vero Beach, FL			
City & State		Zip 32960		Country USA	
Zip		Country		4. FEI Number 20-1942034	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MERRILL, KAREN C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT 835 20TH STREET VERO BEACH, FL 32960			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					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	S PRIBULA, JAMIE 1880 37TH STREET, #5 VERO BEACH, FL 32960 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GROVE, KEITH DR 1880 37TH STREET, #3 VERO BEACH, FL 32960 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			3/6/08 SL79350		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		