

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006017

FILED
Mar 09, 2009
Secretary of State

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

Current Principal Place of Business:

1880 37TH STREET
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

C/O ELLIOT MERRILL MGMT.
835 20TH PLACE
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 20-1942034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRILL, KAREN
C/O ELLIOTT MERRILL COMMUNITY MANAGEMENT
835 20TH STREET
VERO BEACH, FL 32960 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: S () Delete
Name: PRIBULA, JAMIE
Address: 1880 37TH STREET, #5
City-St-Zip: VERO BEACH, FL 32960

Title: T () Delete
Name: GROVE, KEITH DR
Address: 1880 37TH STREET, #3
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMIE PRIBULA

S

03/09/2009

Electronic Signature of Signing Officer or Director

Date