

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006017

**FILED**  
**Aug 03, 2012**  
**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 LAMBERT COMMERCIAL REAL ESTATE, INC.  
2945 20TH STREET  
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:**

LAMBERT COMMERCIAL REAL ESTATE, INC.  
2945 20TH STREET  
VERO BEACH, FL 32960 US

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:** RON LAMBERT

08/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** PRIBULA, JAMIE  
**Address:** 1880 37TH STREET, #5  
**City-St-Zip:** VERO BEACH, FL 32960

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

I hereby 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 all other like empowered.

**SIGNATURE:** KEITH GROVE

T

08/03/2012

Electronic Signature of Signing Officer or Director

Date