

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90196 002 \*\*\*\*61.25

60036305



<b>DOCUMENT # N05000008854</b> 1. Entity Name <b>HERONS COVE ASSOCIATION, INC.</b>					
Principal Place of Business <b>16242 NORTH FLORIDA AVE LUTZ, FL 33549</b>			Mailing Address <b>16242 NORTH FLORIDA AVE LUTZ, FL 33549</b>		
2. Principal Place of Business - No P.O. Box # <b>409 E. College Ave</b>		3. Mailing Address <b>P.O. Box 1058</b>			
Suite, Apt. #, etc. <b>Ruskin, FL</b>		Suite, Apt. #, etc. <b>Ruskin, FL</b>			
City & State <b>Ruskin, FL</b>		City & State <b>Ruskin, FL</b>			
Zip <b>33570</b>		Country <b>USA</b>		4. FEI Number <b>20-4381534</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>TYLER, JONNIE R 16242 NORTH FLORIDA AVENUE LUTZ, FL 33549</b>			7. Name and Address of New Registered Agent Name <b>Lou Ellen Wilson</b> Street Address (P.O. Box Number is Not Acceptable) <b>409 E. College Ave</b> City <b>Ruskin</b> FL Zip Code <b>33576</b>		
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  DATE <b>4/25/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>- Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FEATHER, RICK</b> <b>16242 NORTH FLORIDA AVE</b> <b>LUTZ, FL 33549</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O/P</b> <b>George NOEL</b> <b>9554 Rolling Circle</b> <b>SAN Antonio, FL. 33576</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ARCARO, LAUREN</b> <b>16242 NORTH FLORIDA AVE</b> <b>LUTZ, FL 33549</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FRANK Lombino</b> <b>9738 Rolling Circle</b> <b>San Antonio, FL. 33576</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MEADOWS, ROBERT</b> <b>16242 NORTH FLORIDA AVE</b> <b>LUTZ, FL 33549</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JAMES HOWERTON</b> <b>29606 TEE SHOT DR.</b> <b>SAN Antonio, FL. 33576</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O/T</b> <b>Raymond JARMAN</b> <b>9623 Rolling Circle</b> <b>SAN Antonio, FL. 33576</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O/S</b> <b>Raymond PROCH</b> <b>9737 Rolling Circle</b> <b>SAN Antonio, FL. 33576</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Date <b>4-25-08</b> Daytime Phone # <b>(813) 645-1569</b>		