## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008854

Title:

Name:

Address:

City-St-Zip:

Entity Name: HERONS COVE ASSOCIATION, INC.

FILED Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 409 E COLLEGE AVE RUSKIN, FL 33570 **Current Mailing Address: New Mailing Address:** PO BOX 1058 RUSKIN, FL 33575 FEI Number: 20-4381534 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, LOIS E WILSON, LOU E 409 E CÓLLEGE AVE 409 E CÓLLEGE AVE RUSKIN, FL 33570 RUSKIN, FL 33570 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: LOU ELLEN WILSON 04/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition NOEL, GEORGE Name: Name: 9554 ROLLING CIR Address: Address: City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LOMBINO, FRANK Name: Address: 9738 ROLLING CIR Address: City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HOWERTON, JAMES HOWERTON, JAMES Name: Name: Address: 29606 TEE SHOT DR Address: 29606 TEE SHOT DR City-St-Zip: SAN ANTONIO, FL 33576 City-St-Zip: SAN ANTONIO, FL 33576 ( ) Change (X) Addition Title: Title: DS ( ) Delete Name: Name: PROCH, RAY 9737 ROLLING CIRCLE Address: Address: City-St-Zip: City-St-Zip: SAN ANTONIO, FL 33576

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES HOWERTON VP 04/24/2009

() Delete

( ) Change (X) Addition

WAITE, DAVID

9528 ROLLING CIRCLE

SAN ANTONIO, FL 33576