

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012144

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** THE HEMINGWAY CONDOMINIUM ASSOCIATION OF FORT PIERCE, INC.

**Current Principal Place of Business:**

3123 SCARLET TANAGER COURT  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

610-617 IXORIA AVE.  
FORT PIERCE, FL 34982

**Current Mailing Address:**

3123 SCARLET TANAGER COURT  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 20-3882810

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HEISE, GORDON W LCAM  
3123 SCARLET TANAGER COURT  
PORT ST. LUCIE, FL 34952 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: P  
Name: TIERNEY, MARK  
Address: 2810 ESPLANADE AVENUE  
City-St-Zip: FT. PIERCE, FL 34982

Title: VP  
Name: WALGRAAVE, DAVE  
Address: 617 IXORIA AVENUE  
City-St-Zip: FT. PIERCE, FL 34982

Title: T  
Name: SHAFF, RON  
Address: 617 IXORIA AVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D  
Name: WALGRAVE, SHAUNA  
Address: 617 IXORIA  
City-St-Zip: FT. PIERCE, FL 34982

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: GORDON W. HEISE

MGNR

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date