2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 13, 2008 8:00 am
Secretary of State
02-28-2008 90005 036 ****61.25

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DOCUMENT # N07000002753

1. Entity Name
HERON PRESERVE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11784 WEST SAMPLE ROAD #103 CORAL SPRINGS, FL 33065	11784 WEST SAMPLE ROAD #103 CORAL SPRINGS, FL 33065

01242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-8647901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~UNITED COMMUNITY MANAGEMENT CORP.~~ ~~11784 WEST SAMPLE ROAD~~ ~~SUITE 103~~ ~~CORAL SPRINGS, FL 33065~~	Name: WCI / Hastings, Vivien N. Street Address (P.O. Box Number is Not Acceptable): 24301 Walden Center Dr. Suite #300 City: Bonita Springs FL Zip Code: 34134

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: Vivien Hast 2/15/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLFE, DAVID 24301 WALDEN CENTER DR - STE 300 BONITA SPRINGS, FL 34134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LaCalle, Margaret 12131 N.W. 73rd Street Parkland, FL 33076	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SMIETANA, MARK SR 24301 WALDEN CENTER DR - STE 300 BONITA SPRINGS, FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KEITH, SYLVIA 24301 WALDEN CENTER DR - STE 300 BONITA SPRINGS, FL 34134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Galloway, Valerie 5957 N.W. 47 Way Coconut Creek, FL 33073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 2/4/08 954-575-4221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARGARET LA CALLE, PRESIDENT