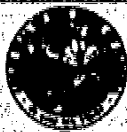


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08573 (0)

1. Corporation Name

HERON CAY HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/05/1985	3a. Date of Last Report 03/22/1994
4. FBI Number 59-2501810	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business Mailing Address
**700 BIMINI CAY CIR
VERO BEACH FL 32966**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**RIPLEY, RICHARD L
310 KILLARNEY CAY
VERO BCH FL 32966**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Richard L Ripley

DATE **APRIL 14, 95**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, KENNETH	1.2 NAME	INES SAINZ
STREET ADDRESS	16 CALYPSO CAY	1.3 STREET ADDRESS	162 FREEPORT CAY
CITY-ST-ZIP	VERO BCH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADY, KENNETH	2.2 NAME	GWEN RIPP
STREET ADDRESS	16 CALYPSO CAY	2.3 STREET ADDRESS	99 DARBY CAY CIRCLE
CITY-ST-ZIP	VERO BCH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRELLO, RALPH	3.2 NAME	
STREET ADDRESS	268 LONGPOINTE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPLEY, RICHARD L	4.2 NAME	
STREET ADDRESS	310 KILLARNEY CAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISENSTEIN, ISAAC	5.2 NAME	EUGENE FERGUSON
STREET ADDRESS	312 KILLARNEY CAY	5.3 STREET ADDRESS	464 BIMINI CAY CIRCLE
CITY-ST-ZIP	VERO BCH FL	5.4 CITY-ST-ZIP	VERO BEACH, FL
TITLE	VPD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISCHINGER, MARGY	6.2 NAME	
STREET ADDRESS	225 BIMINI CAY CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard L Ripley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-95

Date

407-7709047

Daytime Phone #