

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N08573** (0)

1. Corporation Name

**HERON CAY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

700 BIMINI CAY CIR  
VERO BEACH FL 32966

700 BIMINI CAY CIR  
VERO BEACH FL 32966

3. Date Incorporated or Qualified **04/05/1985** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number **59-2501810** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Richard L Ripley*

3/21/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | T                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | SAINZ, INES           |  |
| STREET ADDRESS | 162 FREEPORT CAY      |  |
| CITY-ST-ZIP    | VERO BCH FL           |  |
| TITLE          | S                     | <input type="checkbox"/> DELETE            |
| NAME           | RIPP, GWEN            |  |
| STREET ADDRESS | 99 DARBY CAY CIRCLE   |  |
| CITY-ST-ZIP    | VERO BCH FL           |  |
| TITLE          | VPD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | CARRELLO, RALPH       |  |
| STREET ADDRESS | 268 LONGPOINTE CT     |  |
| CITY-ST-ZIP    | VERO BEACH FL         |  |
| TITLE          | PD                    | <input type="checkbox"/> DELETE            |
| NAME           | RIPLEY, RICHARD L     |  |
| STREET ADDRESS | 310 KILLARNEY CAY     |  |
| CITY-ST-ZIP    | VERO BEACH FL         |  |
| TITLE          | D                     | <input type="checkbox"/> DELETE            |
| NAME           | FERGUSON, EUGENE      |  |
| STREET ADDRESS | 464 BIMINI CAY CIRCLE |  |
| CITY-ST-ZIP    | VERO BCH FL           |  |
| TITLE          | VPD                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | DISCHINGER, MARGY     |  |
| STREET ADDRESS | 225 BIMINI CAY CIR    |  |
| CITY-ST-ZIP    | VERO BCH FL           |  |

|                   |                    |  |
|-------------------|--------------------|--|
| 11 TITLE          | T                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | FALVEY, MAVIS      |  |
| 13 STREET ADDRESS | 168 FREEPORT CAY   |  |
| 14 CITY-ST-ZIP    | VERO BCH, FL       |  |
| 21 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                    |  |
| 23 STREET ADDRESS |                    |  |
| 24 CITY-ST-ZIP    |                    |  |
| 31 TITLE          | VPD                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           | VALYO, WILLIAM J.  |  |
| 33 STREET ADDRESS | 546 STANLEY'S CAY  |  |
| 34 CITY-ST-ZIP    | VERO BEACH FL      |  |
| 41 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                    |  |
| 43 STREET ADDRESS |                    |  |
| 44 CITY-ST-ZIP    |                    |  |
| 51 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                    |  |
| 53 STREET ADDRESS |                    |  |
| 54 CITY-ST-ZIP    |                    |  |
| 61 TITLE          | VPD                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           | ANGUS, LESLIE      |  |
| 63 STREET ADDRESS | 289 MORRISTOWN CAY |  |
| 64 CITY-ST-ZIP    | VERO BEACH, FL     |  |

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 119.07(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 617, 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*

3/21/96

407-770-9044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day/Mo/Phone #

CR2E037 (12/95)