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Jun 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 700 BIMINI CAY CIR, VERO BEACH FL 32966  
Mailing Address: 700 BIMINI CAY CIR, VERO BEACH FL 32966-7197

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

3. Date Incorporated or Qualified: 04/05/1985  
3a. Date of Last Report: 03/26/1996  
4. FEI Number: 59-2501810  
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  
RIPLEY, RICHARD L  
310 KILLARNEY CAY  
VERO BCH FL 32966

10. Name and Address of New Registered Agent  
81 Name: GWENDOLYN G RIPP  
82 Street Address (P.O. Box Number is Not Acceptable): 99 DARBY CAY  
83  
84 City: VERO BEACH FL 85 Zip Code: 32966

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: *Sandra B. Mortham* DATE: 4/15/97

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FALVEY, MAVIS	
STREET ADDRESS	188 FREEPORT CAY	
CITY-ST-ZIP	VERO BCH FL	
TITLE	S PRES	<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	VALYO, WILLIAM J.	
STREET ADDRESS	546 STANLEY CAY	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIPLEY, RICHARD L	
STREET ADDRESS	310 KILLARNEY CAY	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S 2ND VP	<input type="checkbox"/> DELETE
NAME	FERGUSON, EUGENE	
STREET ADDRESS	484 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ANGUS, LESLIE	
STREET ADDRESS	289 MORRISTOWN CAY	
CITY-ST-ZIP	VERO BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1ST VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHYLLIS GONSALUS	
1.3 STREET ADDRESS	283 MORRISTOWN CAY	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
2.1 TITLE	SEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PEGGY CASALDO	
2.3 STREET ADDRESS	355 BIMINI CAY CIR	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
3.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CARL BARONE	
3.3 STREET ADDRESS	459 BIMINI CAY CIR	
3.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
4.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN WILLS	
4.3 STREET ADDRESS	465 BIMINI CAY CIR	
4.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
5.1 TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANN SCHNEIDER	
5.3 STREET ADDRESS	413 BIMINI CAY CIR	
5.4 CITY-ST-ZIP	VERO BEACH, FL 32966	
6.1 TITLE	TRER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ARTHUR C. ROCHON	
6.3 STREET ADDRESS	395 MORRISTOWN CAY	
6.4 CITY-ST-ZIP	VERO BEACH, FL 32966	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra B. Mortham* DATE: 6/26/97

CR2E037 (9/96)