

FILE NOW: FILING FEE IS \$61.25

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**Mar 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
04/05/1985

4. FEI Number
59-2501810

Applied For	
Not Applicable	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**RIPP, GWENDOLYN G
99 DARBY CAY
VERO BCH FL 32966**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 *Gwendolyn Ripp* **GWENDOLYN RIPP** **3-10-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GUNSALUS, PHYLLIS	
STREET ADDRESS	283 MORRISTOWN CAY	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RIPP, GWEN	
STREET ADDRESS	99 DARBY CAY CIRCLE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARONE, CARL	
STREET ADDRESS	459 BIKINI CAY CIR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLS, JOHN	
STREET ADDRESS	465 BIMINI CAY CIR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FERGUSON, EUGENE	
STREET ADDRESS	464 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROCHON, ARTHUR C	
STREET ADDRESS	398 MORRISTOWN CAY	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEPHEN MACNAMEE
3.3 STREET ADDRESS	428 BIAINI CAY CIRCLE
3.4 CITY-ST-ZIP	VERO BEACH, FL
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANN SCHNEIDER
4.3 STREET ADDRESS	413 BIMINI CAY CIRCLE
4.4 CITY-ST-ZIP	VERO BEACH, FL.
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FERGUSON, EUGENE
5.3 STREET ADDRESS	464 BIMINI CAY CIRCLE
5.4 CITY-ST-ZIP	VERO BEACH, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SHARON BELL
6.3 STREET ADDRESS	539 STANLEYS CAY
6.4 CITY-ST-ZIP	VERO BEACH, FL.

14. I 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: *Sharon Bell* **SHARON BELL** **3-10-98** **561-562-8247**

CR2E037 (10/97)