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**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90065 024 \*\*\*\*61.25



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

**DOCUMENT # N08573**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

04/05/1985

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

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  
 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, PRESIDENT** **3/16/99**  
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 checked="" 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	VP	<input type="checkbox"/> DELETE
NAME	MAC NAMEE, STEPHEN	
STREET ADDRESS	428 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDER, ANN	
STREET ADDRESS	413 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, EUGENE	
STREET ADDRESS	464 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BELL, SHARON	
STREET ADDRESS	539 STANLEY'S CAY	
CITY-ST-ZIP	VERO BEACH FL 32966	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HENRY GUNTHER	
1.3 STREET ADDRESS	354 BIMINI CAY CIRCLE	
1.4 CITY-ST-ZIP	VERO BEACH, FL. 32966	
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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DON ARMINTROUT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	427 BIMINI CAY CIRCLE	
4.4 CITY-ST-ZIP	VERO BEACH, FLORIDA 32966	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: *Sharon Bell* **Sharon Bell** **3/16/99** **361-562-8247**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037-111991

HERON CAY HOMEOWNERS ASSOCIATION, INC.  
DOCUMENT # N08573

N08573  
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ADDITION TO BOX 13.

Ed CAMERON

467 BININI CAY

VERO BEACH, FLORIDA 32966