

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90072 024 ****61.25

DOCUMENT # N08573

1. Entity 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 32966-7197**

LU062377



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2501810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Gwendolyn G. Ripp* GWENDOLYN G. RIPP, PRESIDENT 4-5-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VP GUNTHER, HENRY**
 STREET ADDRESS **3541 BIMINI CAY CIR**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME **V. JAMES KELLEHER**
 STREET ADDRESS **513 VENUE COURT**
 CITY-ST-ZIP **VERO BEACH, FL. 32966**

TITLE Delete
 NAME **P RIPP, GWEN**
 STREET ADDRESS **99 DARBY CAY CIRCLE**
 CITY-ST-ZIP **VERO BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP MAC NAMEE, STEPHEN**
 STREET ADDRESS **428 BIMINI CAY CIRCLE**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME **V. GRACE SHOOK**
 STREET ADDRESS **284 MORRISTOWN CAY**
 CITY-ST-ZIP **VERO BEACH, FL. 32966**

TITLE Delete
 NAME **D ARMINTROUT, DON**
 STREET ADDRESS **427 BIMINI CAY CIR**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME **D. EDWIN CAMERON**
 STREET ADDRESS **467 BIMINI CAY CIRCLE**
 CITY-ST-ZIP **VERO BEACH, FL. 32966**

TITLE Delete
 NAME **D FERGUSON, EUGENE**
 STREET ADDRESS **464 BIMINI CAY CIRCLE**
 CITY-ST-ZIP **VERO BCH FL**

TITLE Change Addition
 NAME **D. CHARLES NEUMANN**
 STREET ADDRESS **234 HAWKSBILL CAY**
 CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE Delete
 NAME **T BELL, SHARON**
 STREET ADDRESS **539 STANLEY'S CAY**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
 NAME **S.T. SARAH DONEY**
 STREET ADDRESS **55 DARBY CAY**
 CITY-ST-ZIP **VERO BEACH, FL. 32966**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *Sarah Doney* SARAH DONEY 4/5/00 561-569-7062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #