


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

4/21

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90471 020 \*\*\*\*61.25

**DOCUMENT # N08573**  
 1. Entity 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

66422053



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04192004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 59-2501810

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MACNAMEE, STEVE**  
 428 BIMINI CAY CIRCLE  
 VERO BCH, FL 32966

7. Name and Address of New Registered Agent  
 Name: **SAME**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Steve MacNamee* DATE: **4/24/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ARMENTROUT, DON	
STREET ADDRESS	426 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	P	<input type="checkbox"/> Delete
NAME	MACNAMEE, STEVE	
STREET ADDRESS	428 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANDERSEN, AL	
STREET ADDRESS	285 MORRISTOWN CAY	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNTHER, HANK	
STREET ADDRESS	354 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMERON, EDWIN	
STREET ADDRESS	487 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SAINZ, INES	
STREET ADDRESS	182 FREEPORT CAY	
CITY-ST-ZIP	VERO BEACH, FL 32966	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANK GUNTHER	
STREET ADDRESS	354 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AL ANDERSON	
STREET ADDRESS	285 MORRISTOWN CAY	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVE MACNAMEE	
STREET ADDRESS	428 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	2-VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK Gatchell	
STREET ADDRESS	421 STANLEY'S CIR	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE FERGUSON	
STREET ADDRESS	464 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIANA RUSSO	
STREET ADDRESS	527 TREASURE COAST	
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 empowered.

SIGNATURE: *Steve MacNamee* DATE: **5/11/04** 772-569-6838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VERO BEACH, FL 32966  
 99 DABBY CAY  
 SECRETARY: GWEN RIPP