

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90042 025 \*\*\*\*61.25

**50002152**



<b>DOCUMENT # N08573</b>					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIPP, GWENDOLYN 99 DARBY CAY VERO BEACH, FL 32966				Name <u>CASE, JAMES</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>519 STANLEY'S CAY</u>	
				City <u>VERO BEACH</u> FL Zip Code <u>32966</u>	
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 <u>James W Case</u>				DATE <u>3/25/08</u>	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAN, JOHN		NAME		
STREET ADDRESS	227 BIMINI CAY		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, BEVERLY		NAME		
STREET ADDRESS	360 BIMINI CAY		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, JERRY		NAME	SINCLAIR, RALPH	
STREET ADDRESS	280 MORRISTOWN CAY		STREET ADDRESS	209 JOHNATHAN'S CAY	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PJ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIPP, GWENDOLYN		NAME	CASE, JAMES	
STREET ADDRESS	99 DARBY CAY		STREET ADDRESS	519 STANLEY'S CAY	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VP2D	<input checked="" type="checkbox"/> Delete	TITLE	VP2D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANNO, WILLIAM		NAME	BURNS, BARBARA	
STREET ADDRESS	151 FREEPORT CAY		STREET ADDRESS	863 BIMINI CAY CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	VPID	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHILLSEYZN, JEAN M		NAME	BACQUESTO, SARAH	
STREET ADDRESS	287 MORRISTOWN CAY		STREET ADDRESS	331 KILLARNEY CAY	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	VERO BEACH FL 32966	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Beth Sinclair</u>				DATE <u>3/25/08</u> 772-299-7364	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	