2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08573

FILED Mar 19, 2009 Secretary of State

Entity Name: HERON CAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 700 BIMINI CAY CIR VERO BEACH, FL 32966 **Current Mailing Address: New Mailing Address:** 700 BIMINI CAY CIR VERO BEACH, FL 32966 FEI Number: 59-2501810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CASE, JAMES SINCLAIR, RALPH TD 209 JOHNATHANS CAY 519 STANLEY'S CAY US VERO BEACH, FL 32966 US VERO BEACH, FL 32966 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: RALPH SINCLAIR 03/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **VPID** () Delete () Change () Addition BEAN, JOHN Name: Name: 227 BIMINI CAY Address: Address: City-St-Zip: VERO BEACH, FL 32966 City-St-Zip: Title: SD () Delete Title: () Change () Addition EATON, BEVERLY Name: Name: Address: 360 BIMINI CAY Address: City-St-Zip: VERO BEACH, FL 32966 City-St-Zip: Title: () Delete Title: () Change () Addition SINCLAIR, RALPH Name: Name: 209 JOHNATHAN'S CAY Address: Address: City-St-Zip: VERO BEACH, FL 32966 City-St-Zip: Title: PD () Delete Title: PD (X) Change () Addition Name: CASE, JAMES Name: WALKER, ARTHUR 519 STANLEY'S CAY Address: Address: 540 STANLEY CAY City-St-Zip: VERO BEACH, FL 32966 City-St-Zip: VERO BEACH, FL 32966 Title: VP2D () Delete Title: (X) Change () Addition BURNS, BARBARA BURNS, BARBARA Name: Name: 563 BIMINI CAY CIRCLE 563 BIMINI CAY CIRCLE Address: Address: City-St-Zip: VERO BEACH, FL 32966 City-St-Zip: VERO BEACH, FL 32966 Title: () Delete Title: (X) Change () Addition DACQUESTO, SARAH GAUTHIER, DEBRA Name: Name: Address: 331 KILLARNEY CAY Address: 495 STANLEY CAY VERO BEACH, FL 32966 VERO BEACH, FL 32966 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH SINCLAIR TD 03/19/2009