

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90027 017 ****61.25

DOCUMENT # N14458

1. Entity Name
HERON'S LANDING HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**972 S.W. 112 TERRACE
PEMBROKE PINES, FL 33025 US**

Mailing Address
**972 SW 112TH TERRACE
PEMBROKE PINES, FL 33025 US**

40037703



02192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2813477

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HOLODAK, EDWARD F P.A.
2500 HOLLYWOOD BLVD., STE. 212
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
EDWIN, JOE
1030 SW 113 TERR
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
CAMPOLO, RICHARD
11301 SW 9 COURT
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PENNY, NICOLE
11219 SW 9TH CT
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
APPEL, LYNN
973 SW 112 TERRACE
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BENNETT, RHONDA
1056 SW 113 TERR
PEMBROKE PINES, FL 33025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PENNY, SEAN
11219 SW 9TH CT
PEMBROKE PINES, FL 33025**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NICOLE BLANK-PENNY 2-28-07 934-442-0616
RECEIVED