

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15997

FILED
Apr 25, 2008
Secretary of State

Entity Name: HERON POINTE OF DESOTO COUNTY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12538 SW KINGSWAY CIRCLE
BOX 1
LAKE SUZY, FL 34269 US

New Principal Place of Business:

Current Mailing Address:

1485 FITZGERALD ROAD
NORTH PORT, FL 34288 US

New Mailing Address:

FEI Number: 59-2756032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BINDER, BRENDA S
1485 FITZGERALD ROAD
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: NABOZNY, MARVIN
Address: 12538 SW KINGSWAY CIR #104
City-St-Zip: LAKE SUZY, FL 34269

Title: PD () Delete
Name: CARBONE, GERALD
Address: 12538 SW KINGSWAY CIR #1801
City-St-Zip: LAKE SUZY, FL 34269

Title: VPD () Delete
Name: LAMB, RENATE
Address: 12538 SW KINGSWAY CIR #1202
City-St-Zip: LAKE SUZY, FL 34269

Title: SD () Delete
Name: LAFFERTY, EDWARD
Address: 12538 SW KINGSWAY CIR #2004
City-St-Zip: LAKE SUZY, FL 34269

Title: TR () Delete
Name: ROMANO, AL
Address: 12538 SW KINGSWAY CIR #1803
City-St-Zip: LAKE SUZY, FL 34269

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CAMMISA, FRANCES
Address: 12538 SW KINGSWAY CIR #1008
City-St-Zip: LAKE SUZY, FL 34269

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: GERALD CARBONE

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04/25/2008

Electronic Signature of Signing Officer or Director

Date