2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25207

FILED Apr 03, 2009 Secretary of State

Entity Name: HERON'S LANDING HOMEOWNERS ASSOCIATION OF SANIBEL, INC.

Current Principal Place of Business:			New Principal Place of Business:			
SANIBEL SANTIBE	BAYOU L, FL 33957		711 TARPON BAY RD SANIBEL, FL 33957			
Current Mailing Address:			New Mailing Address:	New Mailing Address:		
P.O. BOX 100 SANTIBEL, FL 33957			C/O ISLAND MANAGEMENT PO BOX 100 SANIBEL, FL 33957			
FEI Numbe	r: 65-0060243	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status De	sired ()		
Name and Address of Current Registered Agent:			Name and Address of New Registered Ager	Name and Address of New Registered Agent:		
711 TARF	Y, STEVEN PON BAY RD , FL 33957 U	sL	MACKESY, STEVEN 711 TARPON BAY RD SANIBEL, FL 33957 US			
	e named entity : te of Florida.	submits this statement for the p	ourpose of changing its registered office or registered age	nt, or both,		
SIGNATURE: STEVEN MACKESY			04/03/2009			
	Electror	nic Signature of Registered Age	ent Date			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	SMART, PAUL 5424 SHEARW		Title: () Change () Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	TRAINOR, CHA 5414 OSPREY	COURT	Title: () Change () Addition Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	GLENN, WILLI 5387 SHEARW	ATER DRIVE	Title: () Change () Addition Name: Address: City-St-Zip:			
	SD () Delete	Title: () Change () Addition			
Title: Name: Address: City-St-Zip:	GARDNER, TIN 5415 OSPREY	COURT	Name: Address: 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: CHARLES TRAINOR PD 04/03/2009