## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29584

FILED May 01, 2006 Secretary of State

Entity Name: HERON PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

198 - 171ST AVE E.

NORTH REDINGTON BEACH, FL 33708

**Current Mailing Address:** 

**New Mailing Address:** 

16020 SHINNECOCK DRIVE 198 - 171ST AVE E. NORTH REDINGTON BEACH, FL 33708 US ODESS, FL 33556 US

FEI Number: 59-2931867 FEI Number Applied For ( ) FEI Number Not Applicable ( )

Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JOHN, LOPEZ 198 171ST AVENUE E.

HERON PLACE

N REDINGTON BCH, FL 33708 US

JOHN, LOPEZ 16020 SHINNECOCK DRIVE ODESSA, FL 33556

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:

05/01/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**PRES** () Delete LOPEZ, JOHN Name:

Address: 198 171ST AVENUE E.

City-St-Zip: NORTH REDINGTON BEACH, FL 33708

Title: SEC ( ) Delete

Name: LOPEZ, PAM

Address: 198 171ST AVENUE E. City-St-Zip: NORTH REDINGTON BEACH, FL 33708

(X) Change ( ) Addition Name:

LOPEZ, JOHN

Address: 16020 SHINNECOCK DRIVE

City-St-Zip: ODESSA, FL 33556

Title: SEC (X) Change ( ) Addition

Name: LOPEZ, PAM

Address: 16020 SHINNECOCK DRIVE City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN LOPEZ **PRES** 05/01/2006