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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

542912 - 90342 - 30

DOCUMENT # N34915

1. Corporation Name
HERON POINTE RESIDENT'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 RIVERPLACE BLVD. 902 JACKSONVILLE FL 32207	1200 RIVERPLACE BLVD 902 JACKSONVILLE FL 32207

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1895 E Gordon Dr.	26 1895 E. Gordon Dr.	10/26/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0211929 ☐ Applied For ☐ Not Applicable
City & State 23 Naples, FL	City & State 28 Naples, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34102 25 USA	Zip / Country 29 34102 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DAHL, WILLIAM L
1200 RIVERPLACE BLVD.
902
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: M. Peter Spraitz
82 Street Address (P.O. Box Number is Not Acceptable): 1895 E. Gordon Dr.
83
84 City: Naples FL 85 Zip Code: 34102

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X [signature] M. Peter Spraitz President 4.22.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President D	☐ Change ☒ Addition
NAME	DAHL, WILLIAM L		1.2 NAME	Spraitz, M. Peter	
STREET ADDRESS	1200 RIVERPLACE BLVD.		1.3 STREET ADDRESS	1895 E. Gordon Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE	TD	☒ DELETE	2.1 TITLE	Vice President D	☐ Change ☒ Addition
NAME	RAUNCH, KELLY A		2.2 NAME	Spraitz, Jean L.	
STREET ADDRESS	1200 RIVERPLACE BLVD.		2.3 STREET ADDRESS	2180 Mandalay Ave # C203	
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	Clearwater FL 34630	
TITLE	SD	☒ DELETE	3.1 TITLE	Secretary D	☐ Change ☒ Addition
NAME	MILLER, TRINA D		3.2 NAME	Spraitz, Cindy F.	
STREET ADDRESS	1200 RIVERPLACE BLVD.		3.3 STREET ADDRESS	1395 E. Gordon Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32207		3.4 CITY-ST-ZIP	Naples, FL 34102	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 4.22.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #