

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34915

1. Entity Name

HERON POINTE RESIDENT'S ASSOCIATION, INC.

FILED

Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90053 029 ****61.25

Principal Place of Business

1934 TIMBERLINE DR
NAPLES FL 34109

Mailing Address

1985 TIMBERLINE DR
NAPLES FL 34109

2. Principal Place of Business

7374 LONGVIEW CT

Suite, Apt. #, etc.

3. Mailing Address

7374 LONGVIEW CT.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

65-0211929

Applied For

Not Applicable

Zip

Country

34109

Zip

Country

34109

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEPPNER, FRANK
1985 TIMBERLINE DR
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name CLARA L. MASON
Street Address (P.O. Box Number is Not Acceptable)
7374 LONGVIEW CT.
City NAPLES, FL Zip Code 34109

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.

SIGNATURE

Clara L. Mason

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLCOMBE, THOMAS H G 1934 TIMBERLINE DR NAPLES FL 34109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMIT, THOMAS 1916 TIMBERLINE DR NAPLES FL 34109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT WEPPNER, FRANK 1985 TIMBERLINE DR NAPLES FL 34109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABBATE, TONY 2060 TIMBERLINE DR. NAPLES, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MERROW, JAMES 7375 LONGVIEW CT. NAPLES, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MASON, CLARA 7374 LONGVIEW CT. NAPLES, FL 34109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Clara L. Mason CLARA L. MASON 2-12-02 (941) 254-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SEC. TREAS. Date Daytime Phone #

CR2E037 (9/01)