

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90036 006 ****61.25

DOCUMENT # N34915

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



Principal Place of Business
**7374 LONGVIEW COURT
NAPLES, FL 34109**

Mailing Address
**7374 LONGVIEW COURT
NAPLES, FL 34109**

**1800 TIMBERLINE DR
NAPLES, FL 34109**

**POTNAM MOUNT
792 94 AVE N
NAPLES, FL 34109**



03072005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
65-0211929

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MASON, CLARA
7374 LONGVIEW COURT
NAPLES, FL 34109**

**POTNAM, DAVID
792 94 AVE. N.
NAPLES, FL 34108**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

DAVID POTNAM, MGR *3/15/05*
(NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	KUHRE, ALAN
STREET ADDRESS	1984 TIMBERLINE DR.
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VPD TD
NAME	DUYN, BILL VAN
STREET ADDRESS	2066 TIMBERLINE DR.
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VPD
NAME	UNK BEKANT RICHARD
STREET ADDRESS	1946 TIMBERLINE DRIVE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	SD
NAME	COXWELL, MICHAEL
STREET ADDRESS	1907 TIMBERLINE DRIVE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: *Alan N. Kuhre* *ALAN N. KUHRE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 MAR 2005 *(239) 596-7718*
Date Daytime Phone #