2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N34915

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

Current Principal Place of Business:

1800 TIMBERLINE DR
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

PUTNAM MGMT
792 94 AVE N
NAPLES, FL 34109

New Mailing Address:

745 12TH AVE. S.
AA
NAPLES, FL 34102

FEI Number: 65-0211929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUTNAM, DAVID
792 94 AVE N
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

MOORE PROPERTY MANAGEMENT, LLC
745 12TH AVE. S.
AA
NAPLES, FL 34102 US

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: GRAHAM NORCOMBE 04/30/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KUHRE, ALAN
Address: 1924 TIMBERLINE RD
City-St-Zip: NAPLES, FL 34139

Title: D ( ) Delete
Name: DUYN, BILL VAN
Address: 2066 TIMBERLINE DR.
City-St-Zip: NAPLES, FL 34109

Title: VPD ( ) Delete
Name: UNKBEKANT, RICHARD
Address: 1946 TIMBERLINE DRIVE
City-St-Zip: NAPLES, FL 34109

Title: DST ( ) Delete
Name: LEONARD, TARKA B
Address: 1924 TIMBERLANE DR.
City-St-Zip: NAPLES, FL 34129

Title: D (X) Delete
Name: LAIRD, BRENDA
Address: 7373 LORAVIEW COURT
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MASON, HAROLD
Address: 7374 LONGVIEW CT.
City-St-Zip: NAPLES, FL 34102

Title: VP (X) Change ( ) Addition
Name: ABBATE, ANTHONY
Address: 2060 TIMBERLINE DR.
City-St-Zip: NAPLES, FL 34109

Title: D (X) Change ( ) Addition
Name: UNKBEKANT, RICHARD
Address: 1946 TIMBERLINE DRIVE
City-St-Zip: NAPLES, FL 34109

Title: ST (X) Change ( ) Addition
Name: LEONARD, BARBARA B
Address: 1904 TIMBERLANE DR.
City-St-Zip: NAPLES, FL 34109

Title: ( ) Change ( ) Addition
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: HAROLD MASON P 04/30/2007
Electronic Signature of Signing Officer or Director — Date