

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34915

FILED
Apr 23, 2008
Secretary of State

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:

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

New Mailing Address:

FEI Number: 65-0211929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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

04/23/2008

Electronic Signature of Signing Officer or Director

Date