

FILED
Jan 13, 2003 8:00 am
Secretary of State

0054128



HERON POINTE RESIDENT'S ASSOCIATION, INC.

Mailing Address

7374 LONGVIEW COURT
NAPLES FL 34109

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For

Not Applicable?

☐ **\$8.75** Additional Fee Required

7. - Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE Charles H. Mason

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE		
NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD UNBEKANT	
STREET ADDRESS	1946 TIMBERLINE DR.	
CITY-ST-ZIP	NAPLES, FL 34109	

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARA MASON		
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	TREASURER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALAN KUHRE		
STREET ADDRESS	1984 TIMBEALINE DR.		
CITY-ST-ZIP	NAPLES, FL 34109		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL VAN DUYN.	
STREET ADDRESS	2066 TIMBERLINE DR.	
CITY - ST - ZIP	NAPLES. FL 34109	

TITLE	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>SALES, FL 34161</div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div> </div>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: CLAUDE L. MASON 1-6-03 239-254-0102

CR2E037 (10/02)