

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

19964-296 B-3013 C

DOCUMENT # **N37192 (4)**

THE HERON COACH HOUSES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: % DAVID W. SWOR, 6385 PRESIDENTIAL CT. SW, FT. MYERS FL 33919
Mailing Address: % DAVID W. SWOR, 6385 PRESIDENTIAL CT. SW, FT. MYERS FL 33919

3. Date Incorporated or Qualified: **03/21/1990**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **65-0128710**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **The Heron Coach Houses**, 22 **6010 Forest Blvd**, 23 **Fort Myers, FL**, 24 **33908**
2a. Mailing Address: 26 **The Heron Coach Houses**, 27 **6010 Forest Blvd**, 28 **Fort Myers, FL 33908**, 29 **33908**, 30 **Lee**

9. Name and Address of Current Registered Agent: **ARMSTRONG, KENNETH**, **6010 FOREST BLVD**, **FT. MYERS FL 33908**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when resigning.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, BRUCE	
STREET ADDRESS	16540 HERON COACH WAY #407	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BANDIVER, DON	
STREET ADDRESS	16550 HERON COACH WAY #201	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RUTKOWSKI, RONALD	
STREET ADDRESS	16531 HERON COACH WAY #705	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	NEWMAN, NORMAN	
STREET ADDRESS	16561 HERON COACH WAY #105	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEALL, PAMELA	
STREET ADDRESS	16531 HERON COACH WAY #703	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, ALLEN	
STREET ADDRESS	16550 HERON COACH WAY #205	
CITY-ST-ZIP	FORT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Rutkowski, Ronald	
13 STREET ADDRESS	16531 Heron Coach Way #705	
14 CITY-ST-ZIP	Ft. Myers, FL	
21 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Abrahamson, Richard	
23 STREET ADDRESS	16551 Heron Coach Way #304	
24 CITY-ST-ZIP	Ft. Myers, FL	
31 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Abray, Raymond	
33 STREET ADDRESS	16550 Heron Coach Way #207	
34 CITY-ST-ZIP	Fort Myers, FL	
41 TITLE	F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ronald C. Rutkowski*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/29/96** Telephone: **941-433-0111**

CR2E037 (12/95)