

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90818 028 ****61.25

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DOCUMENT # N37192
1. Entity Name
THE HERON COACH HOUSES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 19531 HERON COACH WAY FORT MYERS FL 33908	Mailing Address 12650 WHITEHALL DR FORT MYERS FL 33907 US
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2. Principal Place of Business Capital Properties Group Suite, Apt. #, etc. 3364 Cleveland Ave	3. Mailing Address Capital Properties Group Suite, Apt. #, etc. 3364 Cleveland Ave
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City & State Ft. Myers, FL 33907	City & State Ft. Myers, FL 33907
Zip 33901 Country USA	Zip 33907 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0128710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENSON, MARK R 12650 WHITEHALL DR FORT MYERS FL 33907	
7. Name and Address of New Registered Agent Name: Kenneth D. Rager Street Address (P.O. Box Number is Not Acceptable): Capital Properties Group, Inc. 3364 Cleveland Avenue City: Ft. Myers, FL 33907	

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.

SIGNATURE: DATE: 3/19/02

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input checked="" type="checkbox"/> Delete NAME FOULTZ, JAMES STREET ADDRESS 16540 HERON COACH WAY 408 CITY-ST-ZIP FORT MYERS FL 33908		TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Charles Hanley STREET ADDRESS 16531 Heron Coach House, #705 CITY-ST-ZIP Ft. Myers, FL 33908	
TITLE PD <input type="checkbox"/> Delete NAME HORNELL, BUD STREET ADDRESS 16550 HERON COACH WY SUITE 205 CITY-ST-ZIP FORT MYERS FL 33908		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TD <input checked="" type="checkbox"/> Delete NAME STEWART, JAMES STREET ADDRESS 16561 HERON COACH WY SUITE 108 CITY-ST-ZIP FORT MYERS FL 33908		TITLE TD <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Milton Kupfer STREET ADDRESS 16551 Heron Coach Way, #301 CITY-ST-ZIP Ft. Myers, FL 33908	
TITLE VD <input checked="" type="checkbox"/> Delete NAME SCHROEDER, RICHARD STREET ADDRESS 16531 HERON COACH WAY #707 CITY-ST-ZIP FORT MYERS FL 33908		TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Joan Newman STREET ADDRESS 16561 Heron Coach Way, #105 CITY-ST-ZIP Ft. Myers, FL 33908	
TITLE D <input checked="" type="checkbox"/> Delete NAME JONES, PATRICK STREET ADDRESS 16550 HERON COACH WAY 702 CITY-ST-ZIP FORT MYERS FL 33908		TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Jerry Stevlingson STREET ADDRESS 16551 Heron Coach Way, #302 CITY-ST-ZIP Ft. Myers, FL 33908	
TITLE SD <input type="checkbox"/> Delete NAME BENNETT, KENNETH STREET ADDRESS 16551 HERON COACH WAY 307 CITY-ST-ZIP FORT MYERS FL 33908		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)