


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90045 043 ****61.25

DOCUMENT # N37192

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



Principal Place of Business
**P & M PROPERTY MANAGEMENT
 15660 SAN CARLOS BLVD. #40
 FORT MYERS, FL 33908**

Mailing Address
**P & M PROPERTY MANAGEMENT
 15660 SAN CARLOS BLVD. #40
 FORT MYERS, FL 33908**

400000



2. Principal Place of Business - No P.O. Box #
3050 Horseshoe Dr N

3. Mailing Address
3050 Horseshoe Dr N

Suite, Apt. #, etc.
275

03152007 Chg-NP CR2E037 (12/06)

City & State
Naples, FL

City & State
Naples, FL

Zip Country
34104 US

Zip Country
34104 US

4. FEI Number
65-0128710

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**SAPPR, PAUL
 P & M PROPERTY MANAGEMENT
 15660 SAN CARLOS BLVD.
 FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name
Kramer / Triad Mt. Group LLC.

Street Address (P.O. Box Number is Not Acceptable)
3050 Horseshoe Dr. Suite # 275

City
Naples

FL Zip Code
34104

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jeff Roberts (agent)** **Jeff Roberts** **3/30/07**

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

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	GORDON, JIM	16541 HERON COACH WAY #506	FORT MYERS, FL 33908	<input type="checkbox"/>
P	LUKEN, RON	16541 HERON COACH WAY #503	FORT MYERS, FL 33908	<input type="checkbox"/>
D	SCANLON, MARY ANNE	16540 HERON COACH WAY # 408	FORT MYERS, FL 33908	<input type="checkbox"/>
S	NEWMAN, JOAN	16561 HERON COACH WAY, #105	FORT MYERS, FL 33908	<input type="checkbox"/>
D	HANLEY, CHARLES	16531 HERON COACH WAY # 705	FORT MYERS, FL 33908	<input checked="" type="checkbox"/>
VP	BOROFF, JERRY	16540 HERON COACH WAY #403	FORT MYERS, FL 33908	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D.	Newman, Joan	16561 Heron Coach Way #105	Fort Myers, FL 33908	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S.	Buff, Karen	16540 Heron Coach Way #402	Fort Myers, FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Dailey, Gilbert	16551 Heron Coach Way # 303	Fort Myers, FL 33908	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Ronald L...** **3/19/07** **(239) 454-6852**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #