



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90354 013 ****61.25

DOCUMENT # N37192 1. Entity Name THE HERON COACH HOUSES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3050 HORSESHOE DR N 275 NAPLES, FL 34104			Mailing Address 3050 HORSESHOE DR N 275 NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 04082008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 KRAMER/TRIAD MGT GROUP LLC. 3050 HORSESHOE DR SUITE #275 NAPLES, FL 34104			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, JIM 16541 HERON COACH WAY #506 FORT MEYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUKEN, RON 16541 HERON COACH WAY #503 FORT MEYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCANLON, MARY ANNE 16540 HERON COACH WAY # 408 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, JOAN 16561 HERON COACH WAY, #105 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUFF, KAREN 16540 HERON COACH WAY #402 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOROFF, JERRY 16540 HERON COACH WAY #403 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)				
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: <i>For the Board of Directors</i> <i>Shelly B. mandell, Association Manager</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/08/08 Daytime Phone # 239/263-1577	