2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37193

FILED Apr 20, 2009 Secretary of State

Entity Name: THE HERON MASTER ASSOCIATION, INC.

Current P	rincipal Plac	e of Business:	New Principal Place of Business:
3050 HORSESHOE DR N			12650 WHITEHALL DR
275 NAPLES, F	FL 34104	US	FORT MYERS, FL 33907 US
Current M	lailing Addre	ss:	New Mailing Address:
	SESHOE DR	N	12650 WHITEHALL DR
275 NAPLES, F	FL 34104	US	FORT MYERS, FL 33907 US
FEI Number:	: 65-0218710	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:	Name and Address of New Registered Agent:
KRAMER TRIAD MGT. GROUP LLC 8050 HORSESHOE DR SUITE #275 5660 SAN CARLOS BLVD., #40 NAPLES, FL 34104 US			VANDALL, BONITA D 12650 WHITEHALL DR FORT MYERS, FL 33907 US
	named entity e of Florida.	submits this statement for the	e purpose of changing its registered office or registered agent, or both,
SIGNATUR	RE: BONITA	D. VANDALL	04/20/2009
	Electro	nic Signature of Registered A	gent Date
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	BOROFF, JEF	I COACH WAY #403	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	HOWIGAN, BI	I COACH WAY #518	Title: VP (X) Change () Addition Name: HOURIGAN, BILL Address: 16518 HERON COACH WAY #518 City-St-Zip: FORT MYERS, FL 33908
Title: Name: Address: City-St-Zip:	BADRES, KEN	COACH WAY #529	Title: S (X) Change () Addition Name: ENDRES, KENNETH Address: 16529 HERON COACH WAY #529 City-St-Zip: FORT MYERS, FL 33908
Title: Name: Address: City-St-Zip:	HOURIGON, E	I COACH WAY #518	Title: D (X) Change () Addition Name: FOREMAN, ROSE MARY Address: 16550 HERON COACH WAY #208 City-St-Zip: FORT MYERS, FL 33908
Title: Name: Address: City-St-Zip:	LUKEN, RON) Delete I COACH WAY #503 I, FL 33908	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	GORDON, JAI	I COACH WAY #506	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON LUKEN PRES 04/20/2009