

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39279

FILED  
Apr 28, 2010  
Secretary of State

**Entity Name:** HERONGATE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**Current Mailing Address:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**New Mailing Address:**

C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**FEI Number:** 65-0211432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ISAACSON, WILLIAM K  
C/O LANG MANAGEMENT COMPANY, INC.  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 334861006 US

**Name and Address of New Registered Agent:**

ISAACSON, WILLIAM K  
LANG MANAGEMENT COMPANY, INC.  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 334861006 US

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:

04/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: FIELD, ROBERT  
Address: 10152 HERONWOOD LN.  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: P  
Name: SCHEINBERG, ARNOLD  
Address: 10221 HERONWOOD LANE  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VP  
Name: STOLLER, DAVID  
Address: 10251 HERONWOOD LN.  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: S  
Name: SOLOMON, NAOMI  
Address: 10231 HERONWOOD LN  
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D  
Name: BEDERSON, NADINE  
Address: 10301 HERONWOOD LN  
City-St-Zip: WEST PALM BEACH, FL 33412

I hereby 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 all other like empowered.

SIGNATURE: NADINE BEDERSON

D

04/28/2010

Electronic Signature of Signing Officer or Director

Date