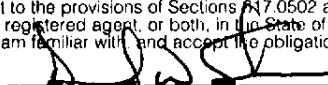
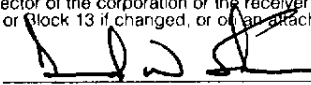


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 40957 (5) 1. Corporation Name HERON'S GLEN HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2250 AVENIDA DEL VERA N. FT. MYERS, FL. 33917			Mailing Address 2250 AVENIDA DEL VERA N. FT. MYERS, FL. 33917		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/08/1990 3a. Date of Last Report 02/28/1996 4. FEI Number 65-0228873 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.			81 Name DAVID W. SCHWARZ 82 Street Address (P.O. Box Number is Not Acceptable) 2250 AVENIDA DEL VERA 83 84 City N. FT. MYERS FL 85 Zip Code 33917		
SIGNATURE  Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)			DATE 7/15/97		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE PRESIDENT, DIRECTOR, TREASURER ☒ Change ☐ Addition 1.2 NAME DAVID W. SCHWARZ 1.3 STREET ADDRESS 2250 AVENIDA DEL VERA 1.4 CITY-ST-ZIP N. FT MYERS, FL 33917		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE VICE PRESIDENT, SECRETARY, DIRECTOR ☒ Change ☐ Addition 2.2 NAME DAVE CLARK 2.3 STREET ADDRESS 2250 AVENIDA DEL VERA 2.4 CITY-ST-ZIP N. FT MYERS, FL 33917		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE DIRECTOR ☒ Change ☐ Addition 3.2 NAME MICHAEL E. ROSEN 3.3 STREET ADDRESS 2250 AVENIDA DEL VERA 3.4 CITY-ST-ZIP N. FT. MYERS, FL 33917		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE DIRECTOR ☒ Change ☐ Addition 4.2 NAME HERBERT W. PAGE 4.3 STREET ADDRESS 2441 PALO DURO BLVD 4.4 CITY-ST-ZIP N. FT MYERS, FL 33917		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE DIRECTOR ☒ Change ☐ Addition 5.2 NAME LOUIS J. JOBOIN 5.3 STREET ADDRESS 2480 PALO DURO BLVD 5.4 CITY-ST-ZIP N. FT. MYERS, FL 33917		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 000002266800 PE 6.3 STREET ADDRESS -08/14/97--01040--013 6.4 CITY-ST-ZIP ***61.25		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **DAVID W. SCHWARZ** 7-15-97 941-731-4500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)