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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N 4 0957

(5)

HERON'S GLEN HOMEOWNERS' ASSOCIATION, INC.

## FILED Aug 11 1997 8:00am Secretary of State

•								
Principal Place of Business		Mailing Addre	ess			<del></del>		
2250 AVENIDA	DEL VERA	2250 AV	ENIDA D	EL VE	RA			
N. FT. MYERS, FL. 33917		N. FT. MYCES, Fl. 33917						
,,,,			• • •			3. Date incorporated or Qualified	3a. Date of Last R	nnovt.
						11/08/1990	02/28/	
2. Principal Place of Busine	SS .	2a. Mailing Ac	ddress	<u> </u>		11/08/1990 4. FEI Number		plied For
21		26				65-022-8873		t Applicable
Suite, Apt. #, etc.		Suite, Apt.	. #, etc.			5 Cantificate of Chabus Desired	\$8.75	- ' '
22		27				5. Certificate of Status Desired	Fee Re	quired
City & State		City & Stat	te			6. Election Campaign Financing	\$5.00	Мау Ве
23	····_	28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zıp	-	Country		8. This corporation has liability for inte	· —	. 199.032,
24 2	5   nd Address of Curre	29		30		Florida Statutes   10. Name and Address of New Regis	Yes No	
#. Name a	no Address of Corre	air uadistatan waar		81	Name	<del></del>	stered Agent	
					1	Avid W. Schwarz		
ř	•			62		ddress (P.O. Box Number is Not Acceptable)  O AVENIDA DEL VERA	)	
				83	0.00	TIVEDIUM DEL VERM		<del></del>
					····			
				B4	City	FT. MYERS.		Code 9/7
11. Pursuant to the provision	ns of Sections &17.05	02 and 617 1508. Flo	orida Statutes	the above		are avaliant a dissillation and fact he was	anna at abanaisa it	
office or registered age	et, or both, in the State	e of Florida. Such ch	ange was au	lhorized by	the corp	oration's board of directors. I hereby accept t	the appointment as	registered
	. Rud accept ine oblic	aguons of Section b		ida Siaiules				
<i>N</i>	$U \times C \setminus V$	gations of occion o	17.0000, 11011		i.		~107	
SIGNATURE A						7/1	5/97 DATE	
SIGNATURE A	photed name of registered ag					equired when reinstating)	DINE	IS IN 12
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SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JCHWADZ-

7-15-97 941-

Daytimo Phone #