## 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N40957 1. Entity Name HERONS GLEN HOMEOWNERS' ASSOCIATION, INC.					]	FIL	ED		
					02 OCT -7 AM 9: 35				
Principal Pla	lace of Business	Mailing Address	failing Address		- OCODEWADY OF STATE				
2250 AVENIDA DEL VERA N FT. MYERS FL 33917		2250 AVENIDA DEL VERA N FT. MYERS FL 33917			SECREVARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal	I Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number				pplied For
Zip	Country	Zip Country				65-0228873			ot Applicable
· · · · · ·	6. Name and Address of Cui		0001111			f Status Desired	⊔ Fe	8.75 Ad ee Require	lditional ed
	o. Name and Address of Cul	Agent	- Nam	e . J . c	·	ddress of New Re	gistered Ag	ent	
•	ROBERT G		Stree	t Address (F	cott Call 2.0. Box Number	is Not Acceptable)			<u>.</u>
	enida del Vera Vers fl 33917		<u> 31 f</u>		· Orange	Avenue	<u> </u>		·
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8. The above the obligation	ve named entity submits this states at ations of registered agent.	ent for the purpose of changing its	registered office	or registere	ed agent, or both,	in the State of Flori	ida. I am fan	niliar with	and accept
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	WHI I		e registered office	or registere	ed agent, or both,	in the State of Flori	ida. I am fan	niliar with	and accept
	Signature, types of printed style of egistories  Atter 25 Diephber 18 2002	Sport and title if applicable. (NOTI	E: Registered Agent sig	or registere	ed agent, or both, when reinstating)	8/	DATE E. Check P		
SIGNATURE	Signature, type of printed days of registores- After, September 13, 2002 Min: Will be \$2.36.25	9. Election Car Trust Fund C	E: Registered Agent sig mpaign Financing Contribution.	or registere	ed agent, or both, when reinstating) \$5.00 May Be Added to Fees	8/ Make	DATE Check P	ayable	io S
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12 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 changed, or on an attachment with an address, with all other than the empowered of the corporation of 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

GNATURE:

SIGNATURE:

SI

SIGNATURE: