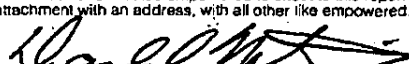


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 17, 2004 8:00 am
Secretary of State

04-28-2004 90214 017 ****61.25

DOCUMENT # N40957			
1. Entity Name HERONS 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0228873		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLAHAN, W. SCOTT 37 N ORANGE AVENUE SUITE 200 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	D	☒ Delete	
NAME	CORDELLO, DOUG		
STREET ADDRESS	2250 AVENIDA DEL VERA		
CITY-ST-ZIP	N. FT. MYERS, FL 33917		
TITLE	T	☒ Delete	
NAME	POCKRUS, ALEX		
STREET ADDRESS	2250 AVENIDA DEL VERA		
CITY-ST-ZIP	N. FT. MYERS, FL 33917		
TITLE	T	☒ Delete	
NAME	MATZICK, LARRY		
STREET ADDRESS	2250 AVENIDA DEL VERA		
CITY-ST-ZIP	N FT. MYERS, FL 33917		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	☒ Change ☐ Addition	
NAME	Don Merriam		
STREET ADDRESS	2250 Corona Del VERA		
CITY-ST-ZIP	N. Ft. Myers, FL 33917		
TITLE	DVS	☒ Change ☐ Addition	
NAME	Michael L. Llaneta		
STREET ADDRESS	2250 Corona Del VERA		
CITY-ST-ZIP	N. Ft. Myers, FL 33917		
TITLE	DT	☒ Change ☐ Addition	
NAME	Ken Merriam		
STREET ADDRESS	2250 Corona Del VERA		
CITY-ST-ZIP	N. Ft. Myers, FL 33917		
TITLE	D	☐ Change ☒ Addition	
NAME	Dick Sorenson		
STREET ADDRESS	2250 Avenida Del VERA		
CITY-ST-ZIP	N. Ft. Myers, FL 33917		
TITLE	D	☐ Change ☒ Addition	
NAME	Don Campbell		
STREET ADDRESS	2250 Avenida Del VERA		
CITY-ST-ZIP	N. Ft. Myers, FL 33917		
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I 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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone	

00444144



03152004 Chg-NP CR2E037 (10/03)