

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90030 030 ****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	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HART, TOM 1625 HENDRY STREET 3RD FLOOR FORT MYERS, FL 33902				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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	CRISHAL, MARGARET A		NAME		
STREET ADDRESS	2250 AVE DEL VERA		STREET ADDRESS	2250 Avenida Del Vera	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BOWER, ALEX		NAME		
STREET ADDRESS	2250 AVENIDA DEL VERA		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHAMBER, KEITH		NAME		
STREET ADDRESS	2250 AVENIDA DEL VERA		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MARS, KAREN		NAME		
STREET ADDRESS	2250 AVENIA DEL VEVA		STREET ADDRESS	2250 Avenida Del Vera	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Margaret A. Crishal</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>March 15, 2005</i> Date Daytime Phone #		