

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000810

FILED  
Apr 04, 2007  
Secretary of State

**Entity Name:** HERON COVE AT HIGH POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST S.R. 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST S.R. 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

**FEI Number:** 59-3177241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MGMNT, INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: WILKERSON, RAYMOND  
Address: 11030 WURDERMANNS WAY  
City-St-Zip: ORLANDO, FL 32825

Title: STD ( ) Delete  
Name: VANDERGRIFF, STEPHEN  
Address: 11054 WURDERMANNS WAY  
City-St-Zip: ORLANDO, FL 32825

Title: PD ( ) Delete  
Name: CADAVID, MARISOL  
Address: 624 GREAT BLUE CT  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARISOL CADAVID

PD

04/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date