
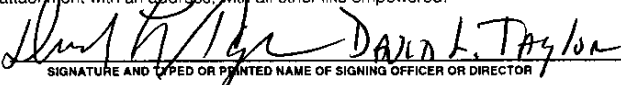


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90556 021 ****61.25

DOCUMENT # N93000002604					
1. Entity Name LAKE HERON HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 21361 LAKE FLOYD DRIVE LUTZ, FL 33549 US			Mailing Address 7001 TEMPLE TERR HWY TEMPLE TERRACE, FL 33637 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01112005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3128867	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANTONIO DMARTE 111 6621 LAND O LAKES BLVD. LAND O LAKES, FL 34639			-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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD		TITLE	PD	
NAME	ROBERTSON, DON		NAME	SCHWARTZ, STEPHEN	
STREET ADDRESS	1701 LAKE HERON DR.		STREET ADDRESS	1607 LAKE HERON DRIVE	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
TITLE	S		TITLE	S	
NAME	TORRES, LINN		NAME	BELL, RITA	
STREET ADDRESS	1713 LAKE HERON DR.		STREET ADDRESS	1624 LAKE HERON DRING	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
TITLE	T		TITLE	T	
NAME	MONTGOMERY, DONNA		NAME	TAYLOR, DAVE	
STREET ADDRESS	1702 LAKE HERON DR.		STREET ADDRESS	21524 CLUBSIDE LOOP	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VP		TITLE	VP	
NAME	COPELAND, JOHN		NAME	SUMBURY, ROBERT	
STREET ADDRESS	21504 GREY TERN CT.		STREET ADDRESS	21543 WOODSTOCK LANE	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D		TITLE	D	
NAME	PETERS, TONY		NAME	TORRES, LINN	
STREET ADDRESS	21511 SNOWY EGERT		STREET ADDRESS	1713 LAKE HERON DRIVE	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
TITLE			TITLE		
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 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:  DAVID L. TAYLOR 4/26/05 813-980-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					