

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90012 023 ****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**

40025954



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3128867

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

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, 2007**

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	<input checked="" type="checkbox"/> Delete
NAME	COPELAND, JOHN	
STREET ADDRESS	21504 COREY TERN CT	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BELL, RITA	
STREET ADDRESS	1624 LAKE HERON DRIVE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, DAVE	
STREET ADDRESS	21524 CLUBSIDE LOOP	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SUMBURY, ROBERT	
STREET ADDRESS	21543 WOODSTOCK LANE	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TORRES, LINN	
STREET ADDRESS	1713 LAKE HERON DR	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COE, DAN	
STREET ADDRESS	21349 AARON CT.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COASO, Michele	
STREET ADDRESS	1620 LAKE HERON Drive	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAWCZYNSKI BARBARA	
STREET ADDRESS	1551 LAKE HERON DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMBURY, ROBERT	
STREET ADDRESS	21543 WOODSTOCK LANE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWMAN, RON	
STREET ADDRESS	1625 LAKE HERON Drive	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SUMBURY 2-15-07 949-5110

Date

Daytime Phone #