2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 8:00 am Secretary of State 02-08-2008 90028 041 ****61.25

DOCUMENT # N93000002604 1. Entity Name LAKE HERON HOMEOWNERS' ASSOCIATION, INC.									2008 900	028 041	01.23
21361 LAKE FLOYD DRIVE		7001	Mailing Address 7001 TEMPLE TERR HWY TEMPLE TERRACE, FL 33637		US		_		nif an isi an ii k		nteni de (daŭ
2. Principal P	lace of Business - No P.O. Box #	3. Mail	ing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01072008	Chg-NP	CR2	E037 (12/06)	
City & State		City & State					4. FEI Numbe 59-3128			⊢ + -	oplied For ot Applicable
Zip	Country	Zip		Cou	intry		5. Certificate	of Status Desi	red 🗌	\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registere	d Agent				7. Name and	Address of N	ew Registe	ed Agent	
	DMARTE 111 O O LAKES BLVD.			_	Name Street A	ddress (I	P.O. Box Numbe	r is Not Acce	otable)		
	AKES, FL 34639										
					City					FL Zip Cod	ie
	named entity submits this statement fi ions of registered agent.	for the purp	ose of changing its	registere	ed office o	r register	ed agent, or bot	n, in the State	of Florida, I	am familiar with,	and accept
SIGNATURE .											
	Signature, typed or printed name of registered agen	nt and tille if app	icabie (NOTE	: Registere	d Agent signat	ure required	when reinstating)		D/	TE	
	Filing Fee is \$61.25 Due by May 1, 2008	nt and title if app	9. Election Can Trust Fund C	npaign F	inancing	ure required	\$5.00 May Be Added to Fees	•	Make ci	neck payable t	
10.	Filing Fee is \$61.25		9. Election Can	npaign F	inancing		\$5.00 May Be Added to Fees	NGÉS TO OF	Make ci Florida De	neck payable to partment of S	táte
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12. I hereby certify that the information supplied with this filling 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 and Block 11 if changed, or on an attachmen with an address, with all other like empowered.

SIGNATURE:x Cheffly xROBERT 7 SUMBURY 1/09/08 x