


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.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3128867	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANTONIO DMARTE 111 6621 LAND O LAKES BLVD. LAND O LAKES, FL 34639				7. Name and Address of New Registered Agent 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, 2008		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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	LISK, MARSHA SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COE, DAN		NAME	1620 LAKE HERON DR	
STREET ADDRESS	21349 AARON CT.		STREET ADDRESS	LUTZ FL 33549	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORSO, MICHELE		NAME	CORSO MICHELE	
STREET ADDRESS	1620 LAKE HERON DR.		STREET ADDRESS	1620 LAKE HERON DR	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAWCZYNSKI, BARBARA		NAME		
STREET ADDRESS	1551 LAKE HEABRO DR.		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUMBURY, ROBERT		NAME		
STREET ADDRESS	21543 WOODSTORK LANE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWMAN, RON		NAME	DEVAL, ELAINE	
STREET ADDRESS	1625 LAKE HERON DR.		STREET ADDRESS	1725 LAKE HERON DR	
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: x <i>Robert Sumbury</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>1/09/08</i> Daytime Phone # <i>813 380 0994</i>		