

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002604

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** LAKE HERON HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

21361 LAKE FLOYD DRIVE  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

7001 TEMPLE TERR HWY  
TEMPLE TERRACE, FL 33637 US

**New Mailing Address:**

**FEI Number:** 59-3128867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANTONIO DUARTE 111  
6621 LAND O LAKES BLVD.  
LAND O LAKES, FL 34639 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:** VP  
**Name:** BOWMAN, RON  
**Address:** 1625 LAKE HERON DR  
**City-St-Zip:** LUTZ, FL 33549

**Title:** VPD  
**Name:** LEMARQUAND, NELSON  
**Address:** 1731 LAKE HERON DR  
**City-St-Zip:** LUTZ, FL 33549

**Title:** TD  
**Name:** SAUS, MAX  
**Address:** 21426 SNOWY EGRET  
**City-St-Zip:** LUTZ, FL 33549

**Title:** PD  
**Name:** COPELAND, JOHN  
**Address:** 21504 GREY TERN COURT  
**City-St-Zip:** LUTZ, FL 33549

**Title:** SD  
**Name:** BELL, RITA  
**Address:** 1624 LAKE HERON  
**City-St-Zip:** LUTZ, FL 33549

I hereby 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 all other like empowered.

**SIGNATURE:** ANGELA HESTER

LCAM

01/13/2011

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

\_\_\_\_\_  
Date