


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 09 1998 8:00am
 Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003813 (3)
 1. Corporation Name

HERON CAY PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business	Mailing Address
200 LAKE MORTON DR. LAKELAND FL 33801	200 LAKE MORTON DR. LAKELAND FL 33801

3. Date Incorporated or Qualified	08/19/1993
4. FEI Number	59-3244693
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Country	28 Country
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

MARTIN, E S JR
 200 LAKE MORTON DR.
 LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	SWAIN, BRIAN K	1.2 NAME
STREET ADDRESS	PO BOX 3151 N/A	1.3 STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN FL 33885	1.4 CITY-ST-ZIP
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
TITLE	VD	2.2 NAME
NAME	BLANC, CHARLES M.	2.3 STREET ADDRESS
STREET ADDRESS	P.O. BOX 3151 N/A	2.4 CITY-ST-ZIP
CITY-ST-ZIP	WINTER HAVEN FL 33885	3.1 TITLE
	<input checked="" type="checkbox"/> DELETE	3.2 NAME
TITLE	STD	3.3 STREET ADDRESS
NAME	CLINE, PATTY	3.4 CITY-ST-ZIP
STREET ADDRESS	PO BOX 3151 N/A	4.1 TITLE
CITY-ST-ZIP	WINTER HAVEN FL 33885	4.2 NAME
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS
TITLE		4.4 CITY-ST-ZIP
NAME		5.1 TITLE
STREET ADDRESS		5.2 NAME
CITY-ST-ZIP		5.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	

President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DR OTTAWANO	
3316 Eagle Trace	
Winter Haven, FL 33884	
VP Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Charles Weeder	
3318 Eagle Trace	
Winter Haven, FL 33884	
Treasurer Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Bonnie Parker	
2004 Amesbury	
Aub, FL 33823	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 9-7-98 941-299-9019
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)