

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003813

1. Entity Name

HERON CAY PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Jun 03, 2000 8:00 am
Secretary of State

05-02-2000 90086 005 ****61.25

Principal Place of Business		Mailing Address	
200 LAKE MORTON DR. LAKELAND FL 33801		200 LAKE MORTON DR. LAKELAND FL 33801-5305	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3244693	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	<input type="checkbox"/>

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	President Director
NAME	OTTNANO, DR	NAME	Gatto, Dr.
STREET ADDRESS	3318 EAGLE TRACE	STREET ADDRESS	3312 Eagles Terr.
CITY-ST-ZIP	WINTER HAVEN FL 33884	CITY-ST-ZIP	Winter Haven, FL 33884
TITLE	VPD	TITLE	
NAME	WEEDER, CHARLES	NAME	
STREET ADDRESS	3318 EAGLE TRACE	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	PARKER, BONNIE	NAME	
STREET ADDRESS	2004 AMESBURY	STREET ADDRESS	
CITY-ST-ZIP	AUB FL 33823	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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 exemption stated in Section 119.07(3)(i), 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 REQUIRED Dr. Gatto

Date

Daytime Phone #

4/24/00 86.3
 2931251

CR2E037 (9/99)