
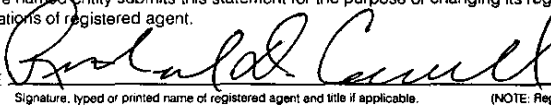
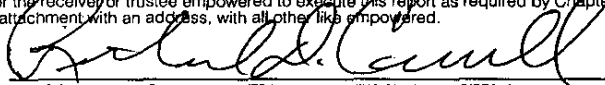


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90035 033 ****61.25

DOCUMENT # N93000003813							
1. Entity Name HERON CAY PROPERTY OWNERS' ASSOCIATION, INC.							
Principal Place of Business 200 LAKE MORTON DR. LAKELAND, FL 33801			Mailing Address 200 LAKE MORTON DR. LAKELAND, FL 33801				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-3244693			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MARTIN, E S JR 200 LAKE MORTON DR. LAKELAND, FL 33801			Name Richard Cornell				
			Street Address (P.O. Box Number is Not Acceptable)				
			City Winter Haven			FL Zip Code 33884	
			3205 Heron Cove				
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:  (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by May 1, 2004		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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOSS, SAM		NAME				
STREET ADDRESS	3206 HERON COVE		STREET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORNELL, RICHARD		NAME	Cornell, Richard			
STREET ADDRESS	P.O. BOX 1996		STREET ADDRESS	P.O. Box 1996			
CITY-ST-ZIP	WINTER HAVEN, FL 33883		CITY-ST-ZIP	Winter Haven, FL 33883			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCAMEHORN, BRUCE		NAME				
STREET ADDRESS	3207 HERON COVE		STREET ADDRESS				
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP				
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				
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				
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
				Date			
				Daytime Phone #			