


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90079 022 ****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		07072005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-3244693	
				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		
CORNELL, RICHARD 3205 HERON COVE WINTER HAVEN, FL 33884			Name <u>Michael Ort</u> Street Address (P.O. Box Number is Not Acceptable) <u>3309 Eagles Trace</u> City <u>Winter Haven</u> FL Zip Code <u>33884</u>		
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 _____			DATE <u>7-11-2005</u>		
Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 7, 2005		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 type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELL, RICHARD		NAME	Michael Ort	
STREET ADDRESS	P.O. BOX 1996		STREET ADDRESS	P.O.Box 2178	
CITY-ST-ZIP	WINTER HAVEN, FL 33883		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAMEHORN, BRUCE		NAME	Michael G. vibrat	
STREET ADDRESS	3207 HERON COVE		STREET ADDRESS	3311 Eagles Trace	
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Susan Gatto	
STREET ADDRESS			STREET ADDRESS	3312 Eagles Trace	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Laura M. Lease	
STREET ADDRESS			STREET ADDRESS	3304 Eagles Trace	
CITY-ST-ZIP			CITY-ST-ZIP	Winter Haven, FL 33884	
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: _____			Date <u>7-11-2005</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Michael Ort</u>			Daytime Phone # _____		

20063729

