


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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 3309 Eagles Trace Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2178 Suite, Apt. #, etc.			
City & State Winter Haven, FL Zip 33884		City & State Winter Haven, FL Zip 33883		4. FEI Number 59-3244693 Applied For <input type="checkbox"/> Not Applicable	
Country Polk		Country Polk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORT, MICHAEL 3309 EAGLES TRACE WINTER HAVEN, FL 33884			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORT, MICHAEL PO BOX 2178 WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400082443254 12/11/06--01059--004 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIBRAL, MICHAEL G. 3311 EAGLES TRACE WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Duce, Karl 3200 Heron Cove Winter Haven, FL 33884 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GATTO, SUSAN 3312 EAGLES TRACE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEASE, LAURA M. 3304 EAGLES TRACE WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jane Scamehorn 3207 Heron Cove Winter Haven, FL 33884 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jane W. Scamehorn</u> <u>Jane W. Scamehorn</u> <u>12/6/06</u> <u>863-325-9832</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

