

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003813

FILED
May 22, 2007
Secretary of State

Entity Name: HERON CAY PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3309 EAGLES TRACE
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2178
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 59-3244693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ORT, MICHAEL
3309 EAGLES TRACE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ORT, MICHAEL
Address: PO BOX 2178
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: DUCE, KARL
Address: 3200 HERON COVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: GATTO, SUSAN
Address: 3312 EAGLES TRACE
City-St-Zip: WINTER HAVEN, FL 33884

Title: T () Delete
Name: SCAMEHORN, JANE
Address: 3207 HERON COVE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ORT, MICHAEL
Address: 3309 EAGLES TRACE
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DRUM, EVA
Address: 3314 EAGLES TRACE
City-St-Zip: WINTER HAVEN, FL 33884

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE W. SCAMEHORN

Electronic Signature of Signing Officer or Director

TREA

05/22/2007

Date