

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90261 042 ****61.25

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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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VIBRAL, JENNIFER	
STREET ADDRESS	3311 EAGLES TRACE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEEDER, CHARLES	
STREET ADDRESS	3318 EAGLE TRACE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARKER, BONNIE	
STREET ADDRESS	2004 AMESBURY	
CITY-ST-ZIP	AUB FL 33823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD: Goss	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sam Goss	
STREET ADDRESS	3206 Heron Cove	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Cornell	
STREET ADDRESS	PO Box 1996	
CITY-ST-ZIP	Winter Haven, FL 33883	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce Scamehorn	
STREET ADDRESS	3207 Heron Cove	
CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

4-21-03

CR2E037 (10/02)