

**NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Tallahassee, Florida

APPROVED  
AND  
FILED

55 MAY 1 12:13

DOCUMENT # **N94000003740 (7)**

THE HERON COACH HOUSE OWNER'S ASSOCIATION, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Location		Mailing Address		DO NOT WRITE IN THIS SPACE	
6385 PRESIDENTIAL COURT S.W. FORT MYERS FL 33919		6385 PRESIDENTIAL COURT S.W. FORT MYERS FL 33919		3. Date Incorporated or Qualified <b>07/21/1994</b>	3a. Date of Last Report
2. Change of Officers or Directors		2b. Mailing Authority		4. Fil Number <b>65-0523833</b>	Applied For Not Applicable
21. State, Apt. #, etc.	26. State, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Commission (Including Trust Fund Contribution) <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip	28. Zip	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		\$68.75 Supplemental Fee Not Required	
24. County	29. County	8. This corporation has liability for intangible tax under S. 199.029, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SWOR, DAVID W 6385 PRESIDENTIAL COURT S.W. FORT MYERS FL 33919				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Title: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADJUSTED CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	DP NAME: SWOR, DAVID W STREET ADDRESS: 6385 PRESIDENTIAL COURT, S.W. CITY & STATE: FORT MYERS FL 33919	11. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DV NAME: BLOSSER, JOHN STREET ADDRESS: 6385 PRESIDENTIAL COURT, S.W. CITY & STATE: FORT MYERS FL 33919	12. NAME	
OFFICER	DST NAME: ROBYNS, PERI STREET ADDRESS: 6385 PRESIDENTIAL COURT, S.W. CITY & STATE: FORT MYERS FL 33919	13. OFFICER	DV Mallett, Judy 6385 Presidential Court SW Fort Myers, FL. 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		14. NAME	
OFFICER		15. STREET ADDRESS	
OFFICER		16. CITY & STATE	
OFFICER		17. CITY	
OFFICER		18. NAME	
OFFICER		19. STREET ADDRESS	
OFFICER		20. CITY & STATE	
OFFICER		21. CITY	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and is true and correct and that my signature shall have the same legal effect as if made under oath. That I am eligible to be placed in this category of the names of trustees empowered to sign this report as required by Chapter 417, Florida Statutes, and that my name appears on the back cover of this report as an attachment with an address.

SIGNATURE: *David W Swor* **DAVID W SWOR** 4/8/95 813433011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR