

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000083 (4)

1. Corporation Name

THE HERON COACH HOUSE VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6385 PRESIDENTIAL COURT S.W.
SUITE 104
FT. MYERS FL 33919

6385 PRESIDENTIAL COURT S.W.
SUITE 104
FT. MYERS FL 33919

3. Date Incorporated or Qualified
01/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 6010 Forest Blvd

26 6010 Forest Blvd

4. FEI Number

65-0523833

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

28 City & State

Ft Myers, FL

Ft Myers, FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

33908

Lee

33908

Lee

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes 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.
SUITE 104
FORT MYERS FL 33919

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	DPVS	<input type="checkbox"/> DELETE
NAME	SWOR, DAVID W	
STREET ADDRESS	6385 PRESIDENTIAL COURT S.W., STE. 104	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SWOR, DAVID W	
STREET ADDRESS	6385 PRESIDENTIAL COURT S.W., STE. 104	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, KENNETH	
STREET ADDRESS	6385 PRESIDENTIAL COURT S.W., STE. 104	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBYNS, PERI	
STREET ADDRESS	6385 PRESIDENTIAL COURT S.W., STE. 104	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Kenneth Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96
Date

941433-0111
Desktop Phone #

CR2E037 (12/95)