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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90200 031 \*\*\*\*61.25

0059209

|   |   |  |
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| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N95000000083**

1. Corporation Name

**THE HERON COACH HOUSE VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

6010 FOREST BLVD.  
 FT. MYERS FL 33908

Mailing Address

6010 FOREST BLVD.  
 FT. MYERS FL 33908



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/06/1995

4. FEI Number

65-0523833

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

**ARMSTRONG, KENNETH**  
 6010 FOREST BLVD  
 FORT MYERS FL 33908

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
 NAME **DST SCHEHR, DENNIS**  
 STREET ADDRESS **16560 HERON COACH WY**  
 CITY-ST-ZIP **FT MYERS FL**

TITLE  DELETE  
 NAME **PTD CRAMER, RON**  
 STREET ADDRESS **16536 HERON COACH WAY**  
 CITY-ST-ZIP **FORT MYERS FL**

TITLE  DELETE  
 NAME **DVP HOURIGAN, WILLIAM**  
 STREET ADDRESS **16518 HERON COACH WAY**  
 CITY-ST-ZIP **FT MYERS FL**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME **STD HERRON, CHARLES**  
 1.3 STREET ADDRESS **16532 HERON COACH WAY**  
 1.4 CITY-ST-ZIP **FT MYERS FL**

2.1 TITLE  Change  Addition  
 2.2 NAME **VPD SCHEHR, DENNIS**  
 2.3 STREET ADDRESS **16560 HERON COACH WAY**  
 2.4 CITY-ST-ZIP **FT MYERS FL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Herron* **CHARLES HERRON**

3/6/99 941 433-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)