SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO STATE: $236.25).

FILED
Aug 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mc[illegible]am
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001514 (7)

1. Corporation Name
HERON'S COVE PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1625 WEST MARION AVENUE SUITE 2 PUNTA GORDA FL 33950	1625 WEST MARION AVENUE SUITE 2 PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1995	3a. Date of Last Report: 07/02/1996
4. FEI Number: APPLIED FOR 65-0681804	☐ 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / [illegible]try 30

9. Name and Address of Current Registered Agent

MOORE, JAMES E III
1625 WEST MARION AVE.
SUITE 2
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, t[illegible]ove-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 authc[illegible] 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[illegible]tes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg[illegible] Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MORET, FRANS H.A. 31126 PRAIRIE CREEK DR. PUNTA GORDA FL 33982	☐ DELETE	[illegible]E / [illegible]ME / [illegible]EET ADDRESS / [illegible]Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD GEERTS, JOSE 706 W. MARION PUNTA GORDA FL 33950	☐ DELETE	[illegible]E / [illegible]ME / [illegible]EET ADDRESS / [illegible]Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUPPEN, WOUTER V KASTEELLEI 65 2930 BRASSCHAAT, BELGIUM	☐ DELETE	[illegible]E / [illegible]ME / [illegible]EET ADDRESS / [illegible]Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	[illegible]E / [illegible]ME / [illegible]EET ADDRESS / [illegible]Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	[illegible]E / [illegible]ME / [illegible]REET ADDRESS / [illegible]Y-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	[illegible]LE / [illegible]ME / [illegible]REET ADDRESS / [illegible]TY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/97)

14. I do hereby certify that the information supplied with this filing does not qualify for [illegible] 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 a[illegible] 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 [illegible] 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.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 7-17-97 941 639 9736