2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# N95000001514

Entity Name: HERON'S COVE PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1625 WEST MARION AVENUE
SUITE 2
PUNTA GORDA, FL 33950

New Principal Place of Business:

1107 WEST MARION AVENUE
SUITE 112
PUNTA GORDA, FL 33950

Current Mailing Address:

1625 WEST MARION AVENUE
SUITE 2
PUNTA GORDA, FL 33950

New Mailing Address:

1107 WEST MARION AVENUE
SUITE 112
PUNTA GORDA, FL 33950

FEI Number: 65-0681804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MOORE, JAMES E III
1107 WEST MARION AVE.
SUITE 112
PUINTA GORDA, FL 33950 US

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.

SIGNATURE: JAMES E. MOORE, III 01/16/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: MORET, FRANS H.A.
Address: 31126 PRAIRIE CREEK DR.
City-St-Zip: PUNTA GORDA, FL 33982

Title: D ( ) Delete
Name: WAKSLER, GERI L.
Address: 2181 TAI PEI COURT
City-St-Zip: CHARLOTTE HARBOR, FL 33983

Title: D ( ) Delete
Name: SCHUPPEN, WOUTER V
Address: KASTEELLEI 65
City-St-Zip: 2930 BRASSCHAAT, BELGIUM,

Title: S ( ) Delete
Name: LORICCO, CARLO J
Address: 3005 CARING WAY
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERI L. WAKSLER D 01/16/2004
Electronic Signature of Signing Officer or Director Date