2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N95000001514

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

Current Principal Place of Business:

EGRET PLACE/HERON'S COVE DRIVE
PUNTA GORDA, FL 33983

New Principal Place of Business:

Current Mailing Address:

100 HERONS COVE DR
PUNTA GORDA, FL 33983

New Mailing Address:

100 HERONS COVE DR.
PUNTA GORDA, FL 33983

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

Name and Address of Current Registered Agent:

PALMER, DAVID
100 HERONS COVE DR
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PALMER, TERESA
Address: 100 HERONS COVE DR.
City-St-Zip: PUNTA GORDA, FL 33983

Title: VPD ( ) Delete
Name: COCCARO, PETER
Address: 27320 EGRET PLACE
City-St-Zip: PUNTA GORDA, FL 33983

Title: T ( ) Delete
Name: PALMER, DAVID
Address: 100 HERONS COVE DR.
City-St-Zip: PUNTA GORDA, FL 33983

Title: SD ( ) Delete
Name: DOVE, BONNIE
Address: EGRET PLACE/HERON'S COVE DRIVE
City-St-Zip: PUNTA GORDA, FL 33983

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 exemption stated in Chapter 119, 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: DAVID PALMER T 04/15/2009
Electronic Signature of Signing Officer or Director — Date