

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005667

FILED
Apr 17, 2012
Secretary of State

Entity Name: HERON COVE AT PELICAN LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DRIVE #2
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DRIVE #2
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0698960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, BOB
SCHOO MANAGEMENT, INC.
9411 CYPRESS LAKE DRIVE STE 2
FORT MYERS, FL 33919 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: P
Name: LYKE, CHARLES
Address: 3536 HERON COVE CT
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VP
Name: SERNORITZ, JAMES
Address: 3560 HERON COVE COURT
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: S
Name: COMBS, KAY
Address: 3507 HERON COVE COURT
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: T
Name: SALMON, BOB
Address: 3530 HERON COVE COURT
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: D
Name: WILKENSON, BARBARA
Address: 3513 HERON COVE COURT
City-St-Zip: BONITA SPRING, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: ROBERT E. GELLES

CAM

04/17/2012

Electronic Signature of Signing Officer or Director

Date