

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005687

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** HERON BAY COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

% CASTLE MANAGEMENT  
12270 SW 3 ST., #200  
PLANTATION, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

% CASTLE MANAGEMENT  
P.O. BOX 559009  
FT. LAUDERDALE, FL 33355

**New Mailing Address:**

**FEI Number:** 65-0658146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HASTINGS, VIVIEN  
24301 WALDEN CENTER DRIVE  
#300  
BONITA SPRINGS, FL 34134 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  
**Name:** PARATORE, LOU  
**Address:** 24301 WALDEN CENTER DRIVE  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** VPD  
**Name:** PICKETT, RICK  
**Address:** 24301 WALDEN CENTER DRIVE  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** TSD  
**Name:** CONNIE, BOYD  
**Address:** 24301 WALDEN CENTER DRIVE  
**City-St-Zip:** BONITA SPRINGS, FL 34134

**Title:** D  
**Name:** GOTTLIEB, SHERRY  
**Address:** 7463 NW 124 AVENUE  
**City-St-Zip:** PARKLAND, FL 33076

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 A. DONNELLY

MGR

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date