

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005687

FILED
Apr 11, 2012
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:

C/O CASTLE MANAGEMENT
12270 SW 3 ST., #200
PLANTATION, FL 33325

Current Mailing Address:

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

New Mailing Address:

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

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: LOU PARATORE

PRES

04/11/2012

Electronic Signature of Signing Officer or Director

Date