

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000002915

1. Entity Name
HERON WATCH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5211 HIGHWAY 231 SOUTH
LAFAYETTE, IN 47909**

Mailing Address
**5211 HIGHWAY 231 SOUTH
LAFAYETTE, IN 47909**



03062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2406869

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CONNOR, MIKE
7170 TULANE DR
FT. MYERS, FL 33908**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COBB, THOMAS J
STREET ADDRESS 5211 HIGHWAY 231 SOUTH
CITY-ST-ZIP LAFAYETTE, IN 47909

TITLE VD
NAME WAGONER, EDWARD J
STREET ADDRESS 1627 SKYLINE RD
CITY-ST-ZIP LAFAYETTE, IN 47905

TITLE SD
NAME WAGONER, NANCY J
STREET ADDRESS 1627 SKYLINE RD
CITY-ST-ZIP LAFAYETTE, IN 47905

TITLE TD
NAME COBB, LINDA K
STREET ADDRESS 5211 HIGHWAY 231 SOUTH
CITY-ST-ZIP LAFAYETTE, IN 47909

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000665051
03/23/07-80009-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07 239-765-9083
Date Daytime Phone #