

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002185

FILED
Apr 26, 2007
Secretary of State

Entity Name: L'HERMITAGE AT HERON BAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABSOLUTE PROPERTY MGMT
541 S. STATE RD 7, #12
MARGATE, FL 33068 US

New Principal Place of Business:

Current Mailing Address:

C/O ABSOLUTE PROPERTY MGMT
541 S. STATE RD 7, #12
MARGATE, FL 33068 US

New Mailing Address:

FEI Number: 65-0758002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABSOLUTE PROPERTY MGMT
541 S. STATE RD 7, #12
MARGATE, FL 33068 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: T () Delete
Name: CHERRY, KIM
Address: 6216 NW 125 AVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP () Delete
Name: MAJOR, VAN
Address: 12443 NW 63 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: S () Delete
Name: FREEMAN, IVY
Address: 12448 NW 62 COURT
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D (X) Delete
Name: KARGER, STACY
Address: 12449 NW 63 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D (X) Delete
Name: LESSINGER, VIC
Address: 12426 NW 63 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: P (X) Delete
Name: WEISSMAN, BRYAN
Address: 12418 NW 63 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WEISSMAN, BRYAN
Address: 12418 NW 63RD ST
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: P (X) Change () Addition
Name: MAJOR, VAN
Address: 12443 NW 63 STREET
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: S (X) Change () Addition
Name: BRIGHTON, CHARLENE
Address: 6285 NW 125TH AVE
City-St-Zip: CORAL SPRINGS, FL 33076 US

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: ABSOLUTE PROPERTY MANAGEMENT

PM

04/26/2007

Electronic Signature of Signing Officer or Director

Date