

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002185

FILED  
Jul 01, 2009  
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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 65-0758002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

ABSOLUTE PROPERTY MANAGEMENT, INC.  
541 S STATE ROAD 7  
SUITE 12  
MARGATE, FL 33068 US

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: JONATHAN LOUIS

07/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: P ( ) Delete  
Name: SCOTTI, LEIGH  
Address: NW 63 STREET  
City-St-Zip: CORAL SPRINGS, FL 33076 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: SCOTTI, LEIGH  
Address: 541 S STATE ROAD 7, SUITE 12  
City-St-Zip: MARGATE, FL 33068 US

Title: DS (X) Change ( ) Addition  
Name: KONIS, LORI  
Address: 541 S STATE ROAD 7, SUITE 12  
City-St-Zip: MARGATE, FL 33068

Title: DT (X) Change ( ) Addition  
Name: BUSTER, GRAHAM  
Address: 541 S STATE ROAD 7, SUITE 12  
City-St-Zip: MARGATE, FL 33068 US

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: JONATHAN LOUIS

MGR

07/01/2009

Electronic Signature of Signing Officer or Director

Date