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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006672

1. Corporation Name

THE COLONY AT HERON BAY ASSOCIATION, INC.

Principal Place of Business
**3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065**

Mailing Address
**3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065**



| | | | | | |
|--------------------------------|--|-------------------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 24301 Walden Center Drive | | 11/24/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 65-0882624 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 Bonita Springs, FL | | 6. Election: Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution <input type="checkbox"/> | |
| 24 | | 29 34134 | | 30 USA | |
| Country | | Country | | | |
| 25 | | 30 | | | |

9. Name and Address of Current Registered Agent

**HASTINGS, VIVEN
24301 WALDEN CENTER DRIVE
BONITA SPRINGS FL 34134**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D. RANDY WEBB | 1.2 NAME | |
| STREET ADDRESS | 3300 UNIVERSITY DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMIETANA, MARK J | 2.2 NAME | |
| STREET ADDRESS | 3300 UNIVERSITY DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARD, CHRISTOPHER | 3.2 NAME | |
| STREET ADDRESS | 3300 UNIVERSITY DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

REQUIRED

3/15/99 (954) 752-1100

Date

Daytime Phone #

CR2E037 (11/98)